THE HEALTH OF NORTHAMPTONSHIRE in 1969

REPORT of the COUNTY MEDICAL OFFICER OF HEALTH

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Report of the County Medical Officer of Health

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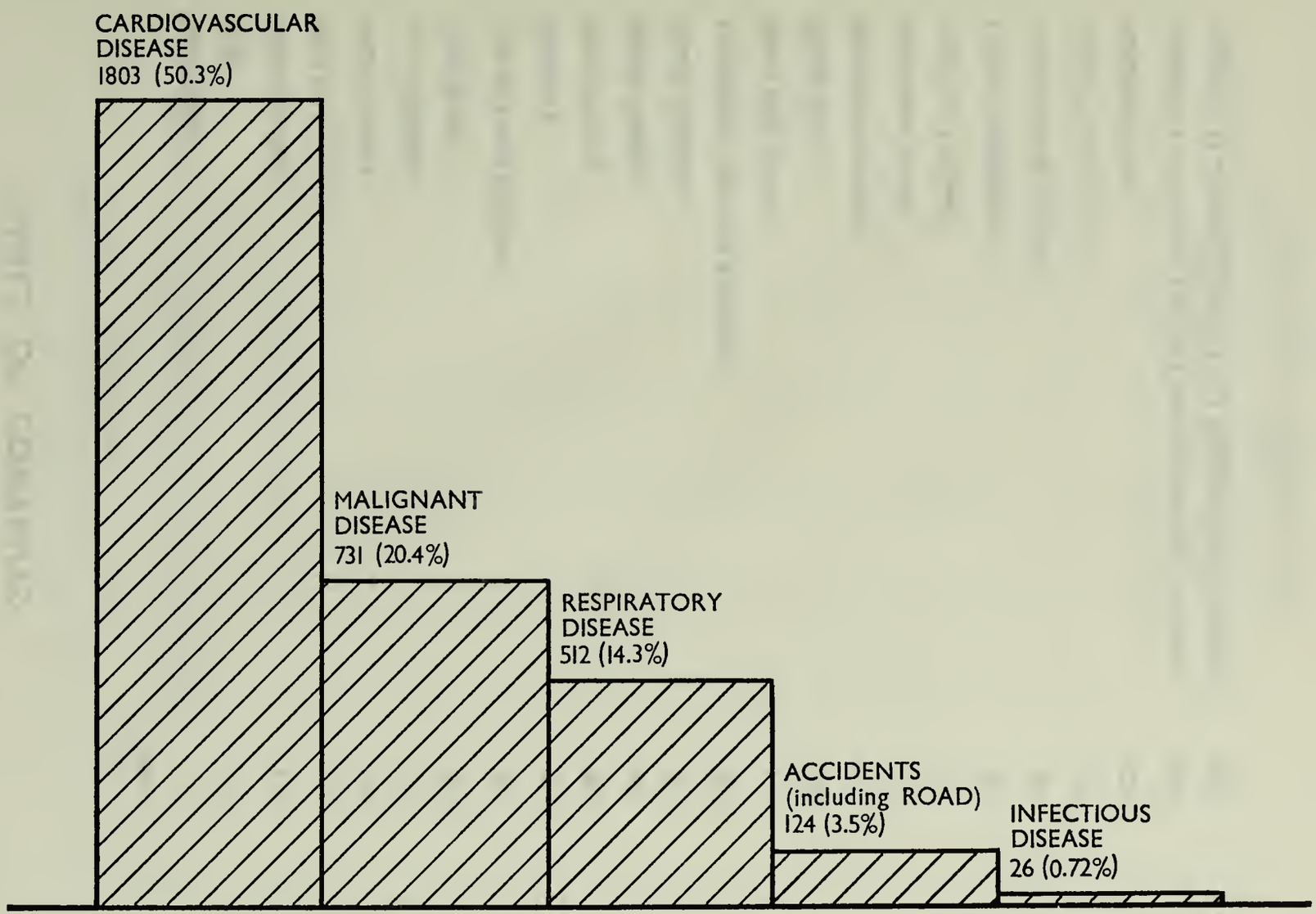
PRINCIPAL CAUSES OF DEATH 1969



NORTHAMPTONSHIRE COUNTY COUNCIL.

October, 1970

To the Chairman and Members of the Northamptonshire County Council

MADAM CHAIRMAN, MY LORDS, LADIES AND GENTLEMEN,

A number of reports have been published in recent years outlining the need to re-organise the health and social services and recommending administrative changes which are thought to be necessary to ensure a greater degree of efficiency and economy in the provision of these services. In the discussions which followed, the possible effect of these changes for the recipent, whether patient or client, have not infrequently been overlooked. The cover photograph which shows Mr. C. Cox, Senior Dental Officer, treating a severely handicapped boy whose confidence he has gained, is an example of the kind of relationship which all administrative changes should seek to facilitate and which they must never adversely affect. The photograph also shows, of course, that with the right approach, even severely handicapped children accept dental inspection and treatment without any undue signs of stress, although the commitment in time for the staff may be somewhat greater than with " normal " children.

Parts I and II of the Health of Northamptonshire, which had previously been published separately, have now been combined for the first time and this, together with the inclusion of two appendices, accounts for the size of the report. The decision to combine Parts I and II is the first stage in the integration of the report on the School Health Service into a comprehensive report on the Child Health Service. Dr. V. V. Tracey, Senior Medical Officer, Child Health, has commented on the health of children on pages 25-27 and it is not, therefore, proposed to make any further comments on this important topic. For a number of reasons, it has not been possible to include a similar commentary on adult health. Material in the annual report as a whole which has tended to become repetitive will be eliminated in future years and this should result in a considerable reduction in its size.

The two appendices have been included for the information of new members of the County Council. Appendix I is the report on the special survey which was carried out in 1969 to ascertain the extent of the need for family planning services. It contains information which should be useful to members who are not infrequently subjected to pressure from people, whose knowledge of the subject is less extensive than might be supposed. Appendix II contains the proposals for the development of the service which were presented to the County Council in November and should give members an idea of some of the serious problems facing the service.

The population expansion in the County in 1969 was 2.8% higher than in 1968 and is thus almost six times greater than the average growth rate of 0.5% for England and Wales for the same period. The adjusted birth rate for the year of 18.1 per 1,000 population showed a slight fall compared with the previous year, but, nevertheless, it was 18% above the average for England and Wales as in 1968. The percentage increase in the number of school children was 4.79%—considerably higher than the average for England and Wales of 2.8%. The rate of expansion reflected in these indices means that services will have to be provided at a pace far

exceeding that of past years in order to meet the needs of the population. Coupled with this is the increased emphasis on care in the community, which is commonly taken to mean care outside hospital, and is reflected in the increased demands for services of all kinds, for example, the growing use of equipment for domiciliary nursing.

The experimental use of a mobile psychiatric nursing team based outside St. Crispin Hospital, is an example of the increased interest which the hospital authorities are taking in providing people with care in their own homes. In this experiment, the psychiatric nurses who are employed by St. Crispin Hospital Management Committee are closely integrated with the Local Health Authority nursing team attached to a group of general practitioners.

Another service which reflects these trends is the Ambulance Service which carried 170,124 patients over 1,092,481 miles during the year. In 1968 it was anticipated that there would be a greatly increased need for staff and vehicles in the very near future, because of the trends outlined above. For this reason, Mr. O. M. Jones, Clerk of the County Council, was requested to make available a team from the management services section to carry out an O. & M. study on the Ambulance Service. The results of this study are now available and are being considered.

The opening of Daventry Health Centre was performed by the then Secretary of State for Social Services, Mr. Richard Crossman, M.P., who expressed great interest in the idea of staffing the treatment room with district nurses. Although this adds considerably to their work load, the nurses themselves find the work satisfying. The opening of this second health centre facilitated the introduction of appointment systems for child welfare clinics which enables more attention to be given to developmental assessment of young children.

A growing number of general practitioners are taking an active part in Local Health Authority clinical duties, especially in infant welfare, school health and family planning clinics. This helps to ensure continuity of care and to improve relationships all round.

In one respect, however, the picture in the County resembles the national situation. I refer, of course, to the mortality rates which show little change from the previous year, with deaths from diseases of the heart, blood vessels, respiratory system and cancer accounting for over 80% of the total deaths. A certain percentage of these diseases could be prevented if people could only be persuaded to take the necessary action to maintain their own health. To do so requires health education on a scale to which we are not accustomed and in consequence the puny efforts which result from the tiny budgets allocated to health education will have little effect on these mortality rates.

The Department of Social and Preventive Medicine at Kettering General Hospital continued to develop satisfactorily and some of its activities and functions are outlined on page 92. Plans were formulated to open a similar department at Northampton General Hospital during 1969 and the information provided by these departments, together with that which it is hoped can be obtained through health centres, should provide factual information to assist in the planning and evaluation of health services in the County.

School Health Service

The benefits of recruiting general practitioners to carry out certain school medical examinations is seen in the increased number of examinations carried out. Arrangements are made so that as far as possible, a general practitioner carrying out this work sees children who are mainly on his own lists. In time it is hoped that he will be seeing these children at an earlier age in baby clinics. It is hoped to give increasing attention to school leavers on a selective basis.

Emphasis is continually given to health education in schools and considerable assistance is given by teachers, to whom I would like to express my thanks, particularly the members of the Head Teachers' Consultative Committee.

The report of the Chief Dental Officer covers the whole age range of childhood and draws attention to the relationship between the dental health of pre-school and school children. Despite a satisfactory staffing situation, when compared with other areas, it was still impossible to inspect more than 51% of school children's teeth. The number of general dental practitioners in the County is only about half the national average and seems to indicate that when the staffing level of a Local Health Authority service is being established, it may be more pertinent to have regard to the local situation rather than be satisfied when the staffing level compared with that of other local authorities.

The hearing and vision screening services continue to develop satisfactorily, but the speech therapy and child guidance services experienced some difficulties because of shortage of staff. More emphasis is given in the report to the increasing problem of handicapped children. Assessment facilities have yet to be developed to a satisfactory level and considerable difficulty is still experienced in placing certain categories of handicapped school children.

The date for the transfer of severely mentally handicapped children has been announced and the exclusion of these children from the educational system, which should never have taken place, is to be remedied. However, it is only fair to point out that difficulties may arise since the Health Committee has always adopted a policy of admitting severely mentally handicapped children of over two years whether or not they are incontinent. If the less handicapped are not provided with similar facilities, parents may find it difficult to understand the reasons.

It is not inappropriate to mention here that the exhibition of paintings and other work prepared by severely mentally handicapped children which was held during the year would, in the opinion of some knowledgeable critics, have done credit to normal children.

The increase in the number of applications for registration of playgroups and child minders continued to cause a problem, especially during the early part of the year and my thanks are due to the advisory staffs of the Planning Department and the Fire Service, who have given us the utmost co-operation.

A tribute must be paid to all the voluntary workers throughout the County whose help has been invaluable.

I would like to thank the staff who helped in the preparation of this report, especially Drs. Sarginson and Tracey, and Messrs. Bruce and Mobb, and also to express my thanks to all staff for their untiring efforts to meet the increased demands on their services.

Finally, I should like to thank the Chairmen and members of the Health and Education Committees and my colleagues in other departments of the County Council for their continued and valuable support.

I have the honour to be,

Your obedient servant,

W. J. McQUILLAN,

County Medical Officer of Health.

STAFF

County Medical Officer of Health and Principal School Medical Officer:

W. J. McQuillan, M.B., B.Ch., L.M., D.P.H., D.C.H.

Deputy County Medical Officer of Health and Deputy Principal School Medical Officer:

J. Sarginson, M.B., B.S., D.P.H.

Senior Medical Officers:

Miss V. V. Tracey, B.Sc., M.B., B.Ch., D.P.H., D.C.H.
B. T. Williams, M.B., B.S., D.P.H., D.P.M.

Senior Clinical Medical Officer:

I. J. Cope, M.R.C.S., L.R.C.P., D.P.H. (*from 1st April*)

Senior Assistant Medical Officer:

Mrs. J. M. St. V. Dawkins, M.B., B.S., D.P.H., D.C.H. (*also District Medical Officer of Health*).

Medical Officers in Department:

Mrs. J. Appleyard, M.B., Ch.B. (*part-time*)
Mrs. M. H. Ballantyne, M.B., Ch.B. (*part-time*).
Mrs. M. V. Capon, M.B., B.S.
Mrs. K. J. Cash, M.B., B.S. (*part-time*).
I. J. Cope, M.R.C.S., L.R.C.P., D.P.H. (*to 31st March*)
Mrs. G. Duncan M.B., Ch.B. (*part-time*).
J. V. L. Farquhar, M.A., M.R.C.S., L.R.C.P., D.P.H. (*also District Medical Officer of Health*).
Mrs. A. C. Fogarty, M.B., B.S., D.C.H., D.R.C.O.G. (*part-time*).
Miss M. C. Goodchild, M.R.C.S., L.R.C.P., D.C.H. (*retired 31st October*)
Mrs. M. S. Hancock, M.B., Ch.B. (*part-time from 14th April-25th July*)
F. R. N. Lynch, M.B., B.Ch., D.P.H. (*also District Medical Officer of Health*).
Mrs. K. A. L. Mazey, M.B., Ch.B. (*part-time from 12th September*)
Mrs. J. Naylor, M.B., B.Ch. (*part-time*).
T. D. Paton, M.B., Ch.B. (*part-time*)
Mrs. S. Roberts, M.B., B.S. (*part-time*)
Mrs. P. A. Rogers, M.B., Ch.B., D.C.H. (*part-time from 16th April*)
C. M. Smith, O.B.E., M.A., M.D., Ch.B., D.P.H. (*part-time*)
Mrs. M. B. Smith, M.B., Ch.B., D.P.H. (*part-time*).
Mrs. S. Spooner, M.B., B.S. (*part-time*)
Mrs. M. Stevens, M.B., Ch.B. (*part-time*).
Mrs. S. E. Swan, M.B., B.S. (*part-time*).
Mrs. J. H. Tew, M.B., B.Ch., D.C.H. (*part-time to 31st July*)
Mrs. V. L. White, M.B., Ch.B. (*part-time to 31st May*)
Mrs. P. Whytock, M.B., B.S. (*part-time to 31st August*)
Mrs. M. M. Williams, M.B., Ch.B. (*part-time*).
Mrs. J. F. Woolfenden, M.B., Ch.B. (*part-time*).

General Practitioners employed part-time:

A. C. Barthells, M.D., M.R.C.S., L.R.C.P., M.R.C.O.G. (*from 2nd December*)
D. J. Boulton, M.R.C.S., L.R.C.P., L.M.S.S.A., D.Obst., R.C.O.G. (*from 13th March*)
A. J. Cash, M.B., B.S. (*from 5th March*)
G. N. Cash, M.B., B.S. (*from 11th September*).
C. M. Cripps, M.A., M.B., B.Ch., D.Obst., R.C.O.G. (*from 6th November*)
G. H. C. Daley, M.B., Ch.B., D.Obst., R.C.O.G. (*from 13th May*)
R. I. Froment, M.B., Ch.B. (*from 11th September*).
C. M. Graham, M.B., Ch.B. (*from 11th March*)
N. M. How, M.B., B.S. (*from 11th September*).
J. W. Hughes, M.B., B.S., M.R.C.S., L.R.C.P. (*from 4th November*)
S. J. S. Hughes, B.M., B.Ch. (*from 4th November*)
J. Lawson-Matthew, M.B., B.S. (*from 11th September*).
M. P. Lewis, B.A., B.M., B.Ch. (*from 11th September*).
R. G. Lilly, M.B., B.S. (*from 11th September*).
I. D. MacKickan, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.Obst., R.C.O.G. (*from 18th December*)
J. B. Moser, M.R.C.S., L.R.C.P. (*from 25th February*)
D. W. Roberts, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P. (*from 6th March*)
D. L. Scawn, L.R.C.P., L.M. (*from 11th September*).

Chief Dental Officer:

P. W. Gibson, L.D.S., D.D.P.H.

Dental Officers:

Mrs. F. Campbell, L.D.S. (*part-time*).
R. J. H. Corfe, L.D.S.
C. Cox, B.D.S.
D. R. Hannah, B.D.S.
Mrs. M. E. Hatrick, B.D.S. (*to 7th March*) (*Part-time from 1st August*)
Mrs. M. M. Herd, B.D.S. (*from 1st April*)
R. D. R. Hopkinson, L.D.S.
J. R. Humphreys, B.D.S.
Mrs. M. Humphreys, B.D.S. (*Part-time from 2nd June*)
Mrs. F. M. Jones, L.D.S.
J. M. Lacey, L.D.S.
C. M. Perry, L.D.S.
Mrs. V. Wilkinson, B.D.S.

Dental Auxiliaries:

Mrs. K. Burgess (*from 2nd June*)
Miss G. Gormley (*to 31st May*)
Miss J. Griffin
Miss B. Harman (*to 31st May*)
Miss J. E. C. St. Romaine (*from 1st December*)

Chief Clerk:

R. J. Bruce.

Assistant Chief Clerk:

K. Liggins, D.M.A. (*to 6th July*)
C. S. Mobb (*from 15th September*)

Assistant Chief Clerk (Clinical Services)

C. D. Smith, D.M.A. (*from 1st November*)

Superintendent Nursing Officer:

Miss N. Taylorson, S.R.N., S.C.M., M.T.D., H.V.Cert., Q.N.

Deputy Superintendent Nursing Officer:

Miss L. Bogle, S.R.N., S.C.M., H.V.Cert., Q.N.

Assistant Superintendent Nursing Officers:

S. Roberts, S.R.N., Q.N.
Miss F. I. Taylor, S.R.N., S.C.M., H.V.Cert., Dip.Soc.Sc., Q.N.

Superintendent Health Visitor:

Mrs. M. M. Walker, S.R.N., S.C.M., H.V.Cert.

Assistant Superintendent Health Visitor:

Mrs. E. Dixon, S.R.N., S.C.M., H.V.Cert.

Health Education Organiser:

Miss J. M. Wingfield, S.R.N., S.C.M., D.H.Ed., H.V.Cert.

Assistant Health Education Organisers:

H. Bracken, S.R.N., D.H.Ed., Q.N. (*to 19th September*)
Mrs. N. T. Southam (*from 3rd November*)

County Ambulance Officer:

P. H. J. Wilkinson.

Deputy County Ambulance Officer:

M. T. Devereux.

Senior Mental Health Social Workers :

J. A. Ingram, B.Sc., A.A.P.S.W.
E. Towning, R.M.P.A.*

Area Mental Health Social Workers :

S. A. CROUCH*
K. GREENWOOD, S.R.N., R.M.N., Dip.Soc.Studies, A.A.P.S.W.
B. F. NORMAN, Dip.Soc.Studies

Mental Health Social Workers :

A. L. G. CLARK (*from 2nd June*)
J. L. EDWARDS, Cert.Soc.Work (*to 16th May*)
MISS J. D. ELLIOT
MRS. C. FLETCHER (*Welfare Assistant*) (*Part-time from 1st August*)
R. HARRIS, S.R.N., R.M.N., Cert. Soc. Work
MRS. M. F. KELLAM*
N. J. LOCKE, Dip. Soc. Studies
MISS A. C. REEVES (*Welfare Assistant*) (*from 11th August*)
MRS. M. M. SELBY, B.A. (*from 12th November*)
G. A. STICKLEY
T. F. TAYLOR (*Welfare Assistant*)
MRS. N. J. WILSON, Cert.Soc.Work
MRS. P. M. WRIGHT (*Welfare Assistant*) (*Part-time from 5th August*)

Occupational Therapists

MRS. A. PLUNKETT, S.R.O.T. (*from 1st October*)
MRS. C. SESSFORD, S.R.O.T. (*from 30th June*)
MRS. J. SHARPE, M.A.O.T., S.R.O.T.
MRS. R. A. WYATT, M.A.O.T., S.R.O.T. (*to 28th February*)

Training Centre Head Teachers:

Forest Gate School, Corby—MRS. E. COCKER, A.L.C.M.†
Henley Industrial Unit, Kettering—MISS F. L. CASWELL† (*to 2nd September*)
D. A. BEALE†
Henley School, Kettering—MISS H. E. GRIFFIN, N.N.E.B.†
Dallington Park School, Northampton—MRS. M. B. REDLEY†
Fairlawn School, Wellingborough—MISS B. V. MILLER†
Adult Training Centre, Corby—R. G. HICKS†
Adult Training Centre, Northampton—MISS F. L. CASWELL† (*from 3rd September*)

Henley Hostel:

N. L. LAFFAN, R.M.N. (*Warden*).
MRS. M. LAFFAN (*Matron*).

Fairlawn Hostel:

MISS B. UPTON, R.M.N. (*Matron*).

* *Awarded declaration of recognition of experience by Council for Training in Social Work.*
† *Diploma for teachers of the Mentally Handicapped.*

Moray Lodge:

G. R. Orchiston, S.E.N. (*Warden*)
Mrs. M. Orchiston, S.R.N., R.M.N. (*Matron*)

Child Guidance Service:

Senior Psychiatric Social Worker:

G. E. Skinner, A.A.P.S.W., D.P.A. (*to 31st March*)

Social Workers:

C. J. Parker, B.A. (*from 1st August*)
Miss L. Sekules, Dip.Soc.Studies

Health Centre Administrators:

Daventry—Mrs. J. Burrell
Wellingborough Queensway—Miss J. Pearson

Senior Speech Therapist:

Mrs. A. Hamida, L.C.S.T. (*formerly Hudson*)

Speech Therapists:

Mrs. E. Arnold, L.C.S.T. (*Part-time*) (*from 5th March to 30th September*)
Miss M. Axe, L.C.S.T.
Mrs. S. Davey, L.C.S.T. (*Part-time*)
Mrs. L. Gilby, L.C.S.T. (*Part-time*)
Miss R. Kingston, L.C.S.T., Dip.I.P.A.
Mrs. M. P. Manley, L.C.S.T.
Mrs. G. Wilson, L.C.S.T., (*part-time*).

Home Help Organiser:

Miss E. Newell

Assistant Home Help Organisers:

Mrs. B. M. Bell (*from 1st July*)
Miss S. Collier
Mrs. M. Hager (*to 31st May*)
Miss R. M. Hubball (*from 22nd September*)
Mrs. G. M. Kidds
Mrs. P. Sharman (*Died 11th July*)
Mrs. P. J. Thompson (*from 9th June*)

ADMINISTRATION

Mr. R. J. Bruce, Chief Clerk

The implementation of the reorganisation of the administrative structure of the Health Department, described in my annual report for 1968, was completed during 1969. This re-organisation has proved to be successful, although there are still a few minor problems to be solved.

The de-centralisation of the mental health teams and the home help service was undertaken during the year and these are now located as follows, with part-time clerical help in each area:

Mental Health Service

East team—Mr. B. F. Norman, Area Mental Health Social Worker, 18a Oxford Street, Wellingborough. Telephone 6251.

North team—Mr. K. Greenwood, Area Mental Health Social Worker, Stockburn Memorial Home Kettering. Telephone 81470.

West team—Mr. S. A. Crouch, Health Department, Guildhall Road, Northampton. Telephone 34833.

Home Help Service

Wellingborough—Mrs. B. M. Bell, Assistant Home Help Organiser, 18a Oxford Street, Wellingborough. Telephone 6251.

Kettering—Miss S. A. Collier, Assistant Home Help Organiser, Stockburn Memorial Home, Kettering. Telephone 2609.

Corby—Mrs. G. M. Kidds, Assistant Home Help Organiser, Central Health Clinic, Stuart Road, Corby. Telephone 3540.

Northampton—Miss R. Hubball, Assistant Home Help Organiser, Health Department, Guildhall Road, Northampton. Telephone 34833.

Daventry—Mrs. P. Thompson, Assistant Home Help Organiser, Health Centre, London Road, Daventry. Telephone 3333.

The headquarters of the Mental Health service and the Home Help service remain in the County Health Department and the respective heads are Mr. J. A. Ingram and Mr. E. Towning, Senior Mental Health Social Workers, and Miss E. Newell, County Home Help Organiser.

During the year, Mr. K. Liggins, Deputy Chief Clerk, left to take up a post in the County Borough of Northampton and was succeeded by Mr. C. S. Mobb. Mr. Mobb, who has been with the department for 20 years, had previously held posts as Assistant Chief Clerk for Clinical Services and as administrative head of the Vaccination and Immunisation Section.

There were other changes in the administrative and clerical staff involving several senior administrative assistants as well as some very experienced shorthand typists. The senior posts have been filled mainly by internal promotion and naturally this caused other vacancies of a less senior status. Nevertheless, it has proved difficult to recruit staff of a calibre comparable to those who have gained promotion after many years experience and training within the department. Difficulties have also been encountered in replacing shorthand typists and in spite of intensive advertising over many months, several vacancies could not be filled other than by temporary staff from employment bureaux.

The problem of changing staff and the dilution of the permanent staff by internal promotion and failure to replace those promoted, is a very serious one and is likely to increase as competition for the manpower available in the area becomes more intense with the growth of Northampton, which is scheduled to almost double its size within the next decade.

VITAL STATISTICS

Area of the Administrative County	574,715 acres
Population (Census 1961)	292,584
,, 1969, mid-year estimate	330,160
Structurally separate dwellings occupied (Census 1961)	96,552
Private households (Census 1961)	93,649
Rateable value (April 1st, 1969)	£12,838,354
Actual product of a penny rate (1968-69)	£50,212

	Northamptonshire			England & Wales
	Male	*Female*	*Total*	
Live births	3,021	2,953	5,974	
Live birth rate per 1,000 population			18.10	16.3
Illegitimate live births per cent of total live births			7.11	
Stillbirths	41	44	85	
Stillbirth rate per 1,000 live and stillbirths			14.03	13.0
Total live and stillbirths	3,062	2,997	6,059	
Infant deaths	55	41	96	
Infant mortality rate :				
Total (per 1,000 live births)			16.07	18.0
Legitimate (per 1,000 legitimate live births)			15.49	
Illegitimate (per 1,000 illegitimate live births)			23.53	
Neonatal (first four weeks) mortality rate per 1,000 live births			9.21	12.0
Early neonatal (under 1 week) mortality rate per 1,000 live births			7.53	10.0
Perinatal (stillbirths and deaths under 1 week combined) mortality rate per 1,000 live and stillbirths			21.45	23.0
Maternal deaths (including abortion)			1	—
Maternal mortality rate per 1,000 live and stillbirths			0.17	0.19

1. Population

The Registrar General's estimate of the resident mid-year population for 1969 was 330,160 compared with 321,120 in 1968, representing an increase of 9,040. The estimate populations for the urban and rural areas were 192,240 and 137,920 respectively. The natural increase in populations, being the excess of births over deaths, amounted to 2,385.

2. Deaths

The total number of deaths, after adjusting for outward and inward transfers was 3,588 compared with 3,496 in 1968 while the crude death rate was unchanged at 10.9. Cardio vascular diseases accounted for 1,803 deaths (50.3% of the total), malignant conditions for 731 (20.4%) and respiratory diseases for 512 (14.3%). There were thus 3,046 in these groups which collectively account for 84.9% of the total deaths. Whilst deaths caused by accidents, including road accidents amounted to 124 (3.5% of the total), and deaths from infectious diseases numbered 26 (0.72% of the total).

Lists of the causes of deaths, classified under the sixty-five headings of the International Abbreviated List (B List) are given on pages 136 to 140 whilst the history of the death rate together with other vital statistics for 1920-1969 are shown in graph form on page 17. Comparability factors for each urban and rural district, have been provided by the Registrar General for adjusting the local birth and death rates. The comparability factors make allowance for difference in age and sex distribution and when multiplied by the crude birth and death rates of an area, make them comparable with the rates of other areas similarly adjusted.

3. Births

The number of live births was 5,974 (3,021 males and 2,953 females), compared with 6,030 in 1968, giving a birth rate of 18.1 per 1,000 population, compared with 16.3 for England and Wales.

4. Stillbirths

The number of stillbirths registered was 85 compared with 76 in the previous year. The rate per 1,000 total births was 14.00 compared with 12.45 for 1968 and with 13.0 for England and Wales.

5. Infant mortality

The number of infants who died in the first year of life was 96 (55 males and 41 females), compared with 116 in 1968. The 1969 figure includes ten deaths of illegitimate babies. The infant mortality rate was thus 16.00 compared with 19.00 in 1968, and with 18.00 for England and Wales. The history of the rate for the past ten years is shown on page 18.

6. Neonatal mortality

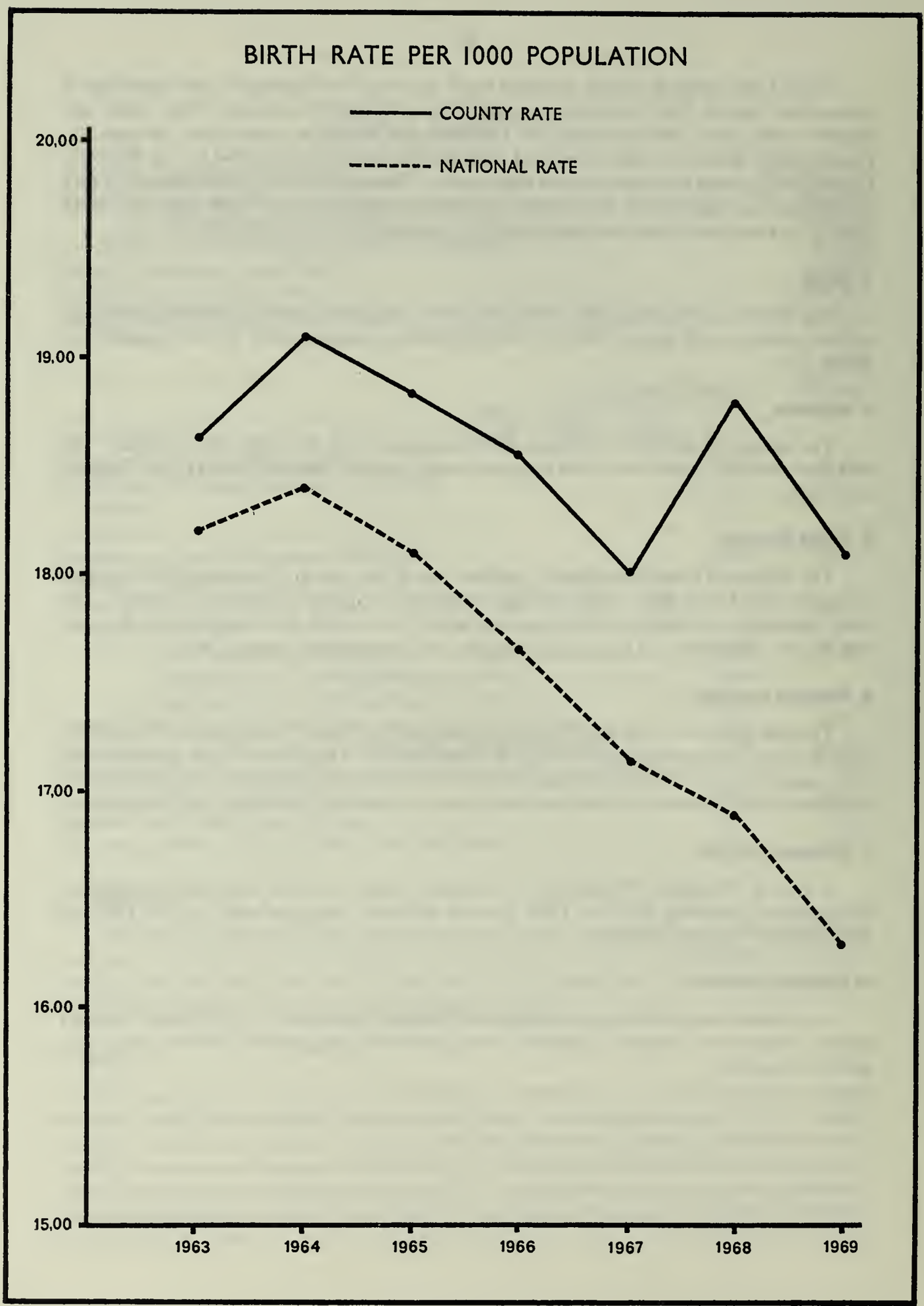
This sub-division of the infant mortality comprises all infant deaths within twenty-eight days of birth, and accounts for 55 of the 96 infant deaths. The rate per 1,000 live births was 9.00 compared with 12.74 for 1968, and with 12.0 for England and Wales. Forty-five of the 55 neonatal deaths were in the first week of life, most of them being associated with prematurity.

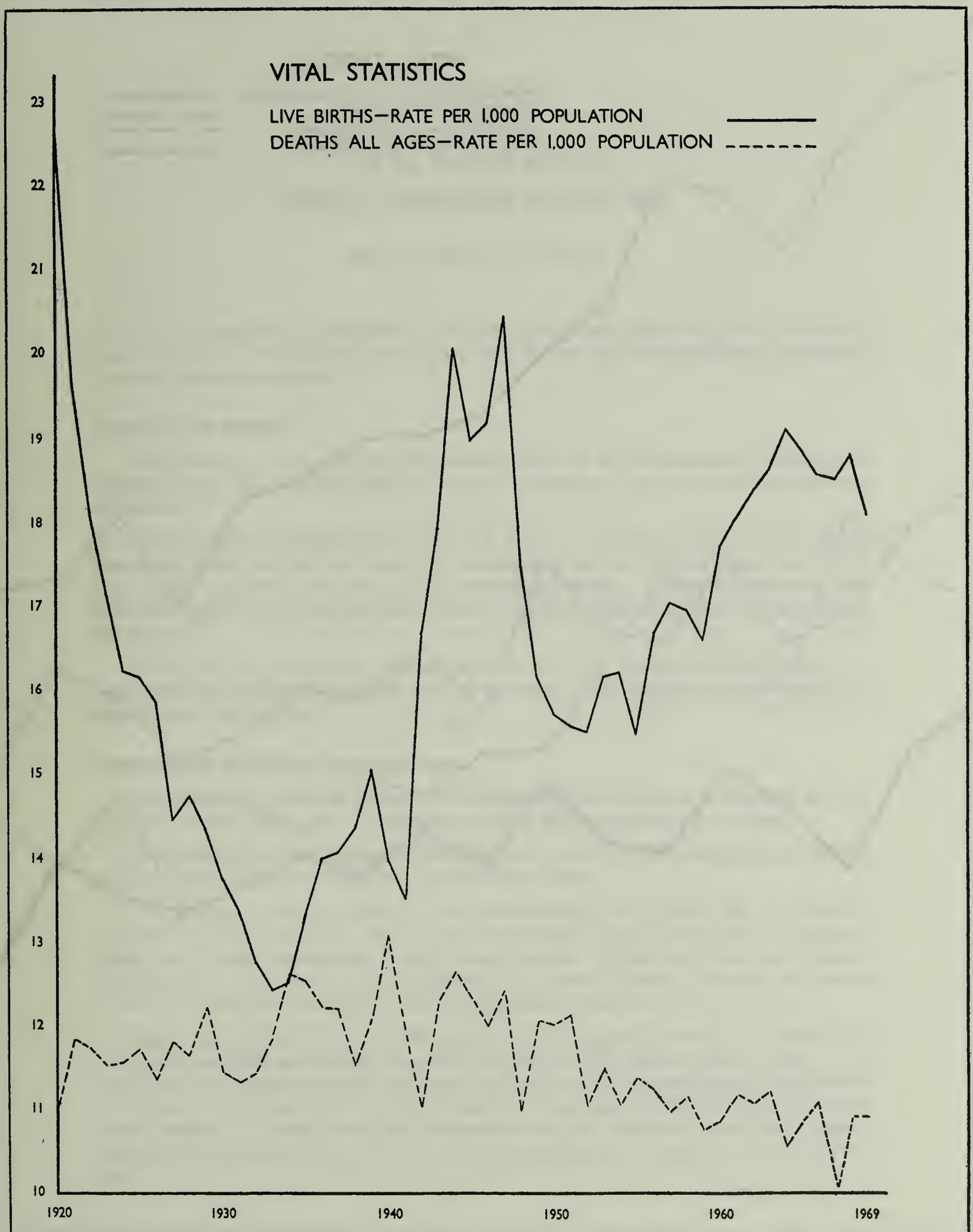
7. Perinatal mortality

A total of 130 deaths (85 stillbirths and 45 deaths under one week) came into this category, the mortality rate being 21.00 per 1,000 live and stillbirths, compared with 21.95 in 1968 and with 23.00 for England and Wales.

8. Maternity mortality

One woman died from causes associated with childbirth according to the Registrar General's figures. There were, however, 3 deaths investigated by this department, details of which are given on page 22.


BIRTH RATE PER 1000 POPULATION
COUNTY RATE
NATIONAL RATE
20,00
19,00
18,00
17,00
16,00
15,00
1963
1964
1965
1966
1967
1968
1969


VITAL STATISTICS
LIVE BIRTHS—RATE PER 1,000 POPULATION
DEATHS ALL AGES—RATE PER 1,000 POPULATION
23
22
21
20
19
18
17
16
15
14
13
12
11
10
1920
1930
1940
1950
1960
1969


VITAL STATISTICS
PERINATAL DEATHS—RATE PER 1,000 LIVE AND STILL BIRTHS
INFANT DEATHS—RATE PER 1,000 LIVE BIRTHS
STILLBIRTHS—RATE PER 1,000 LIVE AND STILLBIRTHS
NEONATAL DEATHS—RATE PER 1,000 LIVE BIRTHS
40
30
20
10
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969

HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

MR. R. J. BRUCE, CHIEF CLERK

The year marked the completion of the Daventry Health Centre and also the first full year's working at the Queensway temporary Health Centre; further details about both centres are given later in this report.

Programme for 1969/70

The provision of a second temporary health centre on the Hemmingwell Lodge area of Wellingborough, and also permanent Health Centres at Burton Latimer and Towcester were authorised.

The Hemmingwell Lodge Health Centre will follow a very similar pattern to that on the Queensway Estate and will be provided by modifications to three terraced houses on the new estate which will cater mainly for London overspill population. Eventually this estate will house 8-9,000 persons, but the first phase, which is due for completion by mid 1971, will provide 500 houses.

During the year, the planning of the Burton Latimer and Towcester Health Centres proceeded and had reached the tendering stage by December. Full details of the buildings will be given in next year's report.

Programme for 1970/71 and subsequent years

The provision of a Health Centre at Irthlingborough was approved for 1970/71, but the permanent Health Centre on the Queensway Estate at Wellingborough was deferred.

The planning of Health Centres at Corby, Kettering and Wellingborough proceeded during the year despite difficulties regarding the acquisition of sites.

The planning of Health Centres is very time-consuming and during 1969 no less than seventeen meetings were held with general practitioners, representatives of the Executive Council and various departments of the County Council. In addition, there were frequent conferences with the staff of other departments of the County Council, particularly the County Architect's Department, and also within the Health Department itself.

Health centres help to promote the integration of the general practitioner, hospital and local health authority services, and provide a focal point for all health services in an area. The development of community health teams based on health centres will enable general practitioners to provide more of the total care of their patients. Local health authority staff have much better facilities for carrying out their work and are able to work more closely with general practitioners and consultants, and the latter have community based modern facilities for their work.

Daventry Health Centre

As stated in the 1968 report, the first phase of this health centre consisting of the general practitioner suites, was brought into operation on 13th January, 1969. The second phase consisting of the health education room, treatment room, dental suites, staff room, health visitors' office and handicapped children's play room, was completed in May and the official opening ceremony was performed by the Rt. Hon. Richard Crossman, O.B.E., M.P., Secretary of State for Social Services, on 27th June.

The health centre is used by eight general practitioners from two practices, to which health visitors and district nurse/midwives are attached, and the treatment room is staffed by the district nurses. Patients are normally seen by appointment. The administrative staff comprises an administrator, a senior receptionist, and the equivalent of six full-time clerk/receptionists. Two dental officers work part-time in the health centre. There are interviewing facilities for mental health social workers, and office accommodation and interviewing facilities are also provided for the Area Home Help Organiser. Regular sessions are held by speech therapists, hearing assessment nurses, and district midwives, in addition to a consultant psychiatrist and senior registrar, who at present hold weekly sessions.

The health education hall is very much in use; each week relaxation and mothercraft classes are held; each month Tufty Club and Mothers' Club meetings are held; local meetings of each profession, e.g. nursing, dental, etc. are held there regularly, as are more widespread county staff meetings, team meetings and postgraduate sessions.

Hearing assessment sessions for pre-school children are held regularly by the attached health visitors and there are also specialist sessions. Enuresis clinics are held regularly, and the educational psychologist uses the interviewing facilities in the centre. Statutory welfare foods are sold daily by members of the W.R.V.S.

The general practitioners carry out all school health work for the areas and they also hold children's welfare, antenatal and family planning clinics. From January 1970, each practice will hold one local authority family planning session per month.

The centre is very busy and, apart from the activities mentioned, an average of just under 1,000 patients per week attended general practitioners surgeries throughout the year.

In the treatment room 7,423 treatments were given by the district nurses and in addition the general practitioners carried out minor surgery and other procedures. Pathological specimens are sent to Northampton General Hospital.

Queensway Health Centre, Wellingborough

The facilities provided in this temporary health centre were described in the 1968 report.

Five general practitioners from three different practices are accommodated. Patients are normally seen by appointment, and, in addition to morning, afternoon and evening surgeries, special antenatal and immunisation clinics are held. The administrative staff comprises an administrator, a senior receptionist, and the equivalent of three full time clerk/receptionists. At first the general practitioners had few patients, but now their surgeries are fully booked, an average of about 500 patients attending each week.

Unfortunately, the health education room is too small to permit such widespread activities as at Daventry, but it is used for relaxation classes and hearing tests.

Easy access to the health centre by persons living on the Queensway estate and the fact that there is no pharmacy at hand means that patients tend to come to the centre with minor casualties or complaints, outside surgery hours, but it cannot be said that the services have been abused. The lack of a chemist's shop* also means that patients have to make a journey to the town centre for the dispensing of each prescription and this can cause hardship in some cases. The more serious casualties brought to the health centre are sent to the casualty department of either Northampton or Kettering General Hospitals.

Child welfare clinics run by the local health authority are held each afternoon and health visitors based on the centre see their patients by appointment. The advantages of this system are becoming apparent, approximately eight two hour sessions being held each week and up to ten patients are seen at each session. A local health authority medical officer is in attendance on one or two days a week and immunisation and vaccination sessions are held twice monthly.

Statutory welfare foods are sold on the days when local health authority clinics are held. At one time voluntary workers assisted in this but as insufficient voluntary assistance is available, these goods are now sold by the receptionists.

A district nurse is on duty in the treatment room during surgery hours and this service is appreciated by the general practitioners. Only three patients were seen in the treatment room during the first week the health centre was open, but by early 1969 this number had shown a marked increase, with up to 20 patients being seen each day. The number of treatments given during the year was 2,761.

The treatment room is also used by the general practitioners for minor surgery, cervical smears and other procedures. Pathological specimens are taken to the laboratory at the Park Hospital, Wellingborough, daily, but it is hoped that eventually it may be possible to arrange a collection service.

A considerable amount of work is being undertaken in the temporary health centre and from the records it would appear that patients are seen there more frequently than patients attending general practitioners' surgeries in the town centre.

*A chemists' shop has now been opened on the Queensway Estate (1970).

CARE OF MOTHERS

(Section 22, National Health Service Act, 1946)

1. Notification of births

The number of births notified, after adjustment for transferred notifications was:

	Live Births	*Stillbirths*	*Total*
Domiciliary	944	4	948 (15.8%)
Hospital	4,973	76	5,049 (84.2%)*
Total	5,917	80	5,997 (100%)

*includes 157 babies delivered by domiciliary midwives in hospital.

2. Premature infants ($5\frac{1}{2}$ lbs. or less at birth, irrespective of the period of gestation)

There were 366 premature live births of which 30 were at home, 11 being transferred to hospital on or before the 28th day and 52 premature still births, 2 of which were at home. The total number of premature births is 418 which shows a reduction of 53 from 471 in 1968. Of the live births 92.4% survived the neonatal period.

3. Deaths ascribed to pregnancy and childbirth

Investigations were carried out into three cases where the cause of death was associated with pregnancy or childbirth.

(a) Patient aged 42 years, died at Horton General Hospital, Banbury.
Cause: Uraemia
Acute pyelonephritis

(b) Patient aged 29 years, died at Kettering General Hospital.
Cause: Acute renal failure
Ante-partum haemorrhage

(c) Patient aged 39 years.
Cause: Death by suicide in a depressive with high grade mental deficiency, four months after therapeutic abortion.

4. Relaxation and parentcraft classes

Details of these classes are given in the section on health education (page 47).

5. Maternity accommodation

Details are given in the section on midwifery (page 37).

6. Care of unmarried mothers

Financial responsibility was accepted by the County Council for the maintenance of 30 unmarried mothers in mother and baby homes, including seven in St. Saviour's Home, Northampton. Each girl was required to contribute any maternity benefit she received, less an allowance for pocket money of 18/-, (which was increased to £1 during the year) other voluntary payments made on behalf of any applicant being deducted from the final account.

Of the 425 illegitimate births in the county, 102 were helped by case workers of the Northampton Diocesan Catholic Child Protection and Welfare Society and the Peterborough Diocesan Family and Social Welfare Council, the latter body receiving a grant of £1,200 from the County Council towards the cost of its work in the community.

Of the cases helped by these organisations, 78 were first pregnancies. The ages of the mothers ranged from 14 to over 30 years, with those aged 21 or less accounting for 75 (73.5%) of the total.

7. Family planning

In 1967 the Minister of Health asked local health authorities to plan the provision of family planning services jointly with representatives of other agencies involved, to ensure the availability of a comprehensive service in all areas.

The National Health Service (Family Planning) Act, 1967 extended the powers of local authorities to enable them to provide advice on contraception and supplies to any persons needing them on social grounds. By the Act, local authorities are empowered to make a charge for contraceptive advice and supplies. The Minister indicated, however, (circular 15/67) that he would not approve the making of any charges in medical cases, or for advice or examination in non-medical cases.

In December, 1967, the Maternity, Nursing and Care Sub-Committee of the Health Committee agreed to the provision of a comprehensive family planning service, and to extend the provision, free of charge, of advice and contraceptive supplies to patients in social need. The sum of money estimated for family planning services in 1968-69 was increased for this purpose, but was subsequently reduced owing to essential financial restrictions.

The clientele of the family planning clinics in Kettering and Corby in 1967 was shown to consist mainly of women from social classes *I*, *II* and *III*, who rarely had more than three children. This suggested that those most in need of help with family limitation and spacing were not attending the clinics. A review of the need for family planning services, and of the facilities for advice and supply of appliances was therefore carried out in the spring of this year. The findings and recommendations are set out and summarised in Appendix I.

Northamptonshire women of child-bearing age tend to have children at a faster rate than their counterparts in almost every other county. This trend is greatest in the areas where migration into the county is taking place, namely, Corby, Daventry and Wellingborough. In these areas, in particular, more than a fifth of all births are to women who already have a large number of children relative to their age. The percentage of births in the county that are illegitimate, however, is consistently lower than the national average.

A survey of the general practitioners in the county showed that practically all of them are willing to discuss family planning with all categories of female patients. Nearly all the doctors stated that oral contraception was the method they most commonly advised their patients, and four-fifths of the doctors said that to prescribe an oral contraceptive was the usual outcome of their consultations with women patients about family planning.

Two thirds of the general practitioners considered there was no need for the local authority to establish additional family planning facilities in their areas. A fifth did, however, and the commonest reason given by those who commented, was the need for inexpensive facilities for fitting intra-uterine devices in women who had social problems but for whom there were no medical indications which would enable a free National Health Service prescription to be given.

Although the number of family planning sessions held in local authority clinics has increased, the annual number of attendances has declined in recent years. This probably reflects the increasing availability of contraceptive advice and supplies from general practitioners and the Family Planning Association's clinics in the county. The methods of contraception for which supplies are available at local authority clinics are limited; for example, only at the Corby clinics has it been possible to obtain oral contraceptives, while at no clinic is it possible to have an intra-uterine device inserted.

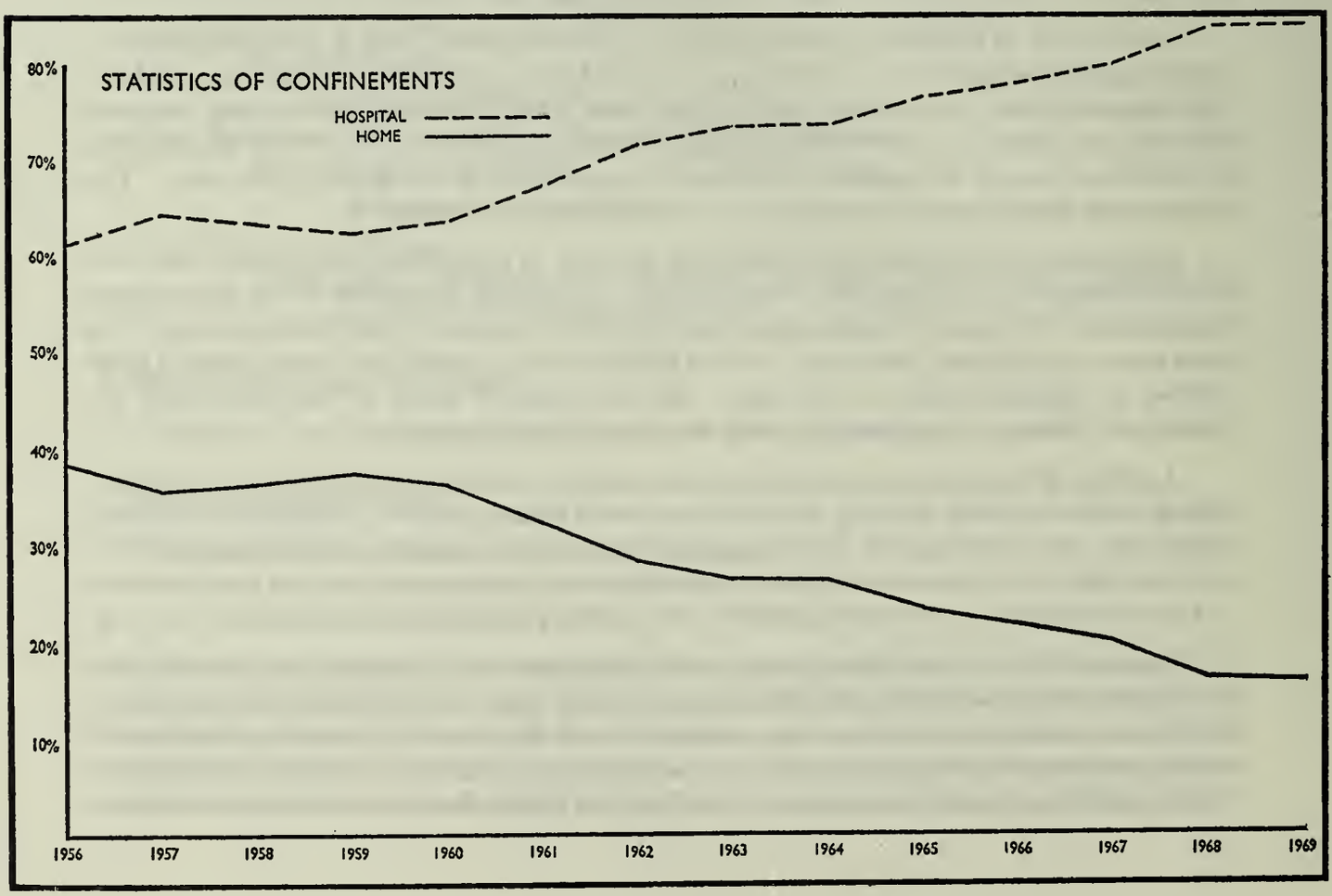
The local authority clinics best attended are those held in the evenings, suggesting that women find it more convenient to attend when husbands are home and children are in bed.

Family planning advice and supplies are given to patients attending hospital gynaecology clinics, although it has not been possible to measure the extent to which this branch of the health service caters for the need. Private practitioners, including consultant gynaecologists and some general practitioners, provide a full range of advice and supplies. Each general practitioner in the county has access to such a specialist to whom he may refer his female patients, who will, in turn, generally pay the specialist for the advice and supplies which they receive.

In the light of the findings of the review, the most useful role of local health authority family planning clinics would be to supplement facilities not otherwise available in an area, particularly for those women not able to benefit from existing facilities. Local authority field staff should be helped to identify women in social or medical need of family planning advice, and should facilitate their attendance at clinics or surgeries.

Particular attention should be paid to providing facilities in areas where the population is growing rapidly through migration into the county. Wherever possible, family planning clinics should be conducted in the evenings.

Medical officers and health visitors, who staff family planning clinics, should be capable of administering the full range of family planning services.



CHILD HEALTH

Dr. V. V. Tracey, Senior Medical Officer for Child Health

Even though the number of live births in 1969 was slightly less than in the previous year, the birth rate remained substantially above that for England and Wales. The high birth rate makes continuing demands on the resources of the child health section to provide additional services. Mrs. Walker, Superintendent Health Visitor, refers in her report to the problems encountered by health visitors working with families in the development areas of the County, notably Wellingborough, Daventry and Corby. The investigations carried out at the end of 1968 into the needs for a family planning service disclosed the large number of women in the County of high parity in relation to their age and also the tendency for another baby to be born within a short time of a family arriving in a development area. This had lead to a concentration on the housing estates in these towns and in many of the satellite villages of Corby and Daventry, of families with babies and toddlers and, an additional work load for the health visitors in these areas.

Child welfare clinics

It has also been necessary to review from time-to-time the provision of child welfare clinics as young families have moved into new housing estates. Some of this has been achieved by re-routing the calls of the mobile child welfare clinic and also the estate car service which picks up mothers and babies from outlying villages. It is hoped that the eventual provision of a second mobile clinic will make it possible to improve the child welfare clinic service in the rural parts of the County. In the towns, general practitioners holding baby clinics for patients on their lists are relieving the pressure on local authority child welfare clinics. Following the opening of Daventry Health Centre, it was possible to discontinue local authority child welfare clinics in the town, as this aspect of child health is now fully covered from the Health Centre.

The Observation Register

The number of babies born in 1969 currently under observation at the end of the year was 418 (6.9% live births) compared with 498 (8.3% live births) in 1968. As the Observation Register is a cumulative index with names constantly being added as the children suffer illnesses, accidents and changes of social circumstances, it is to be expected that more children born in 1968 would be under observation at the end of 1969 than children born in the current year. These figures show a substantial reduction in the numbers of children on the Observation Register compared with the size of the "at risk" register originally compiled for the years 1964 to 1967. The size of this register was so great that no effective review of the children was possible. This smaller Observation Register is of manageable proportions and the children on the register are receiving regular surveillance. This is described in greater detail on page 32.

The observation categories most commonly applicable are low birth weight, short gestation period and congenital malformations. As many babies of low birth weight are also born prematurely, the figures for these categories occurring singly and in association are given together. The figures remained remarkably constant in 1968 and 1969. In 1969 there were 116 babies (1.95% live births) recorded on the Observation Register because of low birth weight—below 4 lb. 8 ozs. (2,040 grams)—and/or prematurity-gestation period of less than 36 weeks. The comparable figures on the 1968 section of the Register were 123 babies (2.03% live births).

The incidence of congenital malformations was also unchanged, though the table on page 31 indicates some variation in the type of malformation reported.

Nurseries and child-minders

The new legislation which came fully into effect early in 1969 increased the number of persons coming within the scope of the requirement for child-minders to be registered and supervised by the local authority. There was also a steep increase in the number of people applying for registration because of the steadily increasing demand for facilities for children to be minded. This was particularly noticeable in the development areas of the County where mothers were under greater pressure to work outside their homes.

The system of designating one health visitor from each group to undertake all the visits in connection with registration worked well, but added considerably to their work load in the early months of the year.

The expansion of the pre-school playgroup movement continued with great benefit to many children who otherwise had little opportunity to mix with children of their own age. The most urgent needs are those of handicapped children of pre-school age. Some have been helped to attend pre-school playgroups and, at the end of year, a small playgroup for children with handicaps of all kinds was started in the playroom at Daventry Health Centre. A playgroup in Kettering also caters for a small number of similarly handicapped children. Transport to and from a playgroup is always a major problem in establishing a service for handicapped children.

Screening

Screening procedures are being used increasingly at all ages, in order to bring to light individuals in need of more detailed investigation. By this means, the largest possible number of individuals can be scrutinised and resources which are in short supply, such as the time of medical officers, can be deployed to the best effect.

Considerable use is already being made of screening in the school health service for periodic vision and hearing tests, and for medical inspections following the initial medical examination at school entry age. This is described in greater detail in the school health service section of the report.

In the pre-school age range, screening of babies by means of the Guthrie test to detect those liable to develop phenylketonuria has been in operation throughout the County for the whole of 1969. As soon as the programme of staff training is again up to date, the computerised record will be used to print out lists for health visitors of babies due for hearing screening at 9 months.

Meetings were held with health visitors to discuss the setting up of developmental screening clinics, particularly for children of toddler age as attendances at child welfare clinics are so often infrequent when the child is more than a year old. It is hoped that establishment of a screening programme, with health visitors referring to doctors for more detailed examination children who fail to satisfy them at their screening tests, will lead to fewer defects remaining undetected until the child is examined as a school entrant.

Handicapped children

Reference is made elsewhere to the programme of reviewing children on the Observation Register shortly before they reach school entry age so that special education can be recommended

if this is necessary. Even after school entry it is necessary to continue observation and assessment as there are many children capable of attending ordinary schools at first, who later need to be transferred to special schools because they are unable to keep pace with other children, physically or educationally. .

Severely subnormal children have, for many years, been admitted to the nursery classes of the junior training schools in this county from the age of two years onwards. Admission, initially part-time, has been arranged as soon as the child is felt to have developed sufficiently to spend the day away from home. Incontinence is not a bar to this admission. This policy has greatly benefited children with this type of handicap and assisted their education. Many children are admitted at this young age and this year, bearing in mind the transfer of responsibility for the education of mentally handicapped children to Education Committees in the near future, all children at the junior training schools have been reviewed as they approach the age of 5 years to confirm that they are appropriately placed. Mr. E. Towning, Senior Mental Health Social Worker has described in detail the work of the four junior training schools.

The health of the child population

The statistics collected each year from school medical examinations show that only a very small number of children are classified as unsatisfactory. The rate of detection of various specified defects often fluctuates from year to year because many of these observations are subjective rather than objective. The last three years have shown a steady decline in the rate of visual defects found per 1,000 children examined as the programme for periodic vision screening has been brought up to date.

During 1969, 101 children born in one week of March 1958 were examined by medical officers, as part of the National Child Development Study which is following over a period of years approximately 16,000 born in this one week. A study of the completed medical report forms showed very few children with any serious disability. The majority were able to carry out the standardised tests without difficulty.

CARE OF YOUNG CHILDREN

(Section 22, National Health Service Act, 1946)

1. Child welfare centres

During the year a centre was opened at Onley Park and centres were closed at Daventry and Higham Ferrers. At the end of the year there was a total of 58 centres, of which five were held in purpose-built premises (Stuart Road and Pen Green Lane, Corby, Kettering, Rushden and Oxford Street, Wellingborough); three in adapted premises (Corby Beanfield, Desborough and Queensway, Wellingborough); and the remaining 50 in hired buildings. In addition, the services provided in rural areas by the mobile clinic have continued and regular calls were made at 40 villages, whilst mothers and children from 59 villages and hamlets were conveyed to it by the estate car which tows the caravan. A full list of child welfare centres throughout the county, showing average attendances, will be found on page 34.

The number of children under one year of age who attended child welfare centres (including the mobile clinic) for the first time was 4,628 and they made a total of 36,745 attendances, compared with 5,243 and 39,077 respectively in 1968. Attendances of children between the ages of one and five years were 21,135 compared with 24,122 in 1968. The drop in the number of attendances is due to the growing practice of general practitioners to hold their own well baby clinics with the help of their attached health visitors. The mobile clinic continued to provide a satisfactory service with a total of 416 children under the age of one attending it for the first time, as well as 156 between the ages of one and five years. A total of 4,407 attendances was made compared with 4,658 in 1968. Some 233 special bus journeys were made to 20 centres in rural areas in order to convey 1,175 mothers and 1,649 children; an average of 5 mothers and 7 children per journey.

2. Nurseries and Child-Minders Regulation Act, 1948

The 1968 amendment to the Act has increased the number of premises and persons registered with the local health authority numbers.

Premises	97
Persons	184

In November a play group for 6 handicapped children was started in the play room of Daventry Health Centre. It is hoped to increase the number to 9 (the maximum allowed regarding floor space) now that there are sufficient voluntary helpers.

I would like to pay tribute to the Northamptonshire Fire Service for the co-operation and help when called upon to visit all premises and persons homes who request registration, to inspect, advise and make recommendations regarding safety precautions. Every request has always been dealt with most promptly.

3. Mothers' clubs

There are now 23 mothers' clubs in the county, all of which are thriving. The organisation of the clubs is left to the members themselves, but advice and help is always obtainable from Health Department staff. To qualify for a setting-up grant of £25, each club is required to devote 75% of its annual programme to subjects related to health education.

4. Child guidance

This service, which is available to pre-school children where necessary, is dealt with on page 123.

5. Speech therapy

This service is dealt with on page 112.

6. Welfare Foods

The policy of providing centres for the distribution of national dried milk, cod liver oil, vitamin tablets and orange juice, wherever there is a demand, has continued. It has been found, however, that the sales of national dried milk have decreased gradually through the year from 13,382 packets in the March quarter to 7,847 packets in the December quarter. One of the reasons for the drop in sales is due to the fact that one of the maternity homes serving a large area of the county, introduced evaporated milk into the feeding of babies and consequently less half cream milk was sold.

At the end of the year, there were 128 centres, of which 120 were voluntary, including Child Welfare Centres. A full-time centre at Northampton as well as part-time centres at Corby, Kettering, Rushden and Wellingborough are manned by County Council Staff. In addition, food is sold from the mobile clinic. The remaining centres are manned by voluntary workers who distribute foods from their houses, shops and at child welfare centres, and a debt of gratitude is due to these volunteers for their continuing good work.

The number of items distributed during the year was 142,467 compared with 147,054 in 1968.

	1969	1968
National dried milk (full and half cream) ...	45,460	59,319
Cod liver oil	4,222	4,474
A and D tablets	4,341	3,930
Orange juice	88,444	79,331
Totals	142,467	147,054

7. Dental care

This is dealt with on page 117.

8. Causes of death of children under one year

The details of deaths given in the table below have been analysed from the weekly returns which are received from local registrars. The table is based on causes of deaths as given on the death certificate but, as practitioners vary in the way in which they complete these, the classification is not uniform. In all cases where prematurity was mentioned on the death certificate, this has been classified as the cause of death.

CAUSES OF DEATH UNDER ONE YEAR

Cause of death	1960			1961			1962			1963			1964		
	Age in weeks			*Age in weeks*			*Age in weeks*			*Age in weeks*			*Age in weeks*		
	–4	4–52	*Total*	–4	4–52	*Total*	–4	4–52	*Total*	–4	4–52	*Total*	–4	4–52	*Total*
Prematurity	36	—	36	39	2	41	50	1	51	39	—	39	50	1	51
Congenital malformations	21	14	35	17	11	28	13	11	24	8	10	18	10	8	18
Respiratory diseases ...	1	9	10	2	9	11	—	10	10	4	12	16	4	10	14
Infections (other than lung and gut)	3	7	10	—	1	1	1	3	4	—	4	4	1	6	7
Asphyxia and atelectasis	1	1	2	5	1	6	2	—	2	6	—	6	5	2	7
Birth injury	9	—	9	2	—	2	7	—	7	9	—	9	3	—	3
Accidental	—	—	—	—	—	—	—	3	3	—	2	2	—	2	2
Enteritis and diarrhoea ...	1	4	5	—	—	—	—	1	1	—	1	1	—	3	3
Haemolytic disease ...	1	—	1	1	—	1	1	—	1	1	—	1	2	—	2
Other causes	3	1	4	2	3	5	2	2	4	2	6	8	1	—	1
* Totals ...	76	36	112	68	27	95	76	31	107	69	35	104	76	32	108
No. of live births... ...	5183			5337			5528			5692			5937		
Infant mortality rate per 1,000 live births ...	22.57			17.61			19.54			17.92			18.36		

Cause of death	1965			1966			1967			1968			1969		
	Age in weeks			*Age in weeks*			*Age in weeks*			*Age in weeks*			*Age in weeks*		
	–4	4–52	*Total*	–4	4–52	*Total*	–4	4–52	*Total*	–4	4–52	*Total*	–4	4–52	*Total*
Prematurity	29	1	30	37	1	38	31	—	31	39	1	40	26	1	27
Congenital malformations	14	10	24	11	8	19	12	8	20	20	7	27	13	16	29
Respiratory diseases ...	4	3	7	6	14	20	—	15	15	3	19	22	5	20	25
Infections (other than lung and gut)	3	7	10	3	4	7	3	6	9	3	3	6	3	1	4
Asphyxia and atelectasis	4	4	8	1	—	1	8	—	8	3	—	3	3	—	3
Birth injury	10	—	10	2	—	2	5	—	5	5	—	5	2	—	2
Accidental	—	—	—	1	1	2	—	1	1	—	3	3	—	—	—
Enteritis and diarrhoea ...	—	2	2	2	—	2	—	1	1	1	1	2	2	1	3
Haemolytic disease ...	3	—	3	1	—	1	3	—	3	2	1	3	3	—	3
Other causes	—	1	1	—	—	—	—	6	6	2	2	4	1	5	6
* Totals ...	67	28	95	64	28	92	62	37	99	78	37	115	58	44	102
No. of live births... ...	5755			5684			5611			6034			5917		
Infant mortality rate per 1,000 live births ...	16.86			16.01			17.64			19.24			17.2		

As in previous years prematurity, congenital malformations and respiratory diseases were the three main causes of infant deaths and they accounted for no less than four out of every five of the deaths.

9. Register of Congenital Abnormalities

The number of congenital abnormalities by site reported in Northamptonshire was 117 or 1.91% of the total live and stillbirths compared with 1.97% for 1968.

The corresponding figure for England and Wales for 1968 was 2.0%.

Category	Northamptonshire				England and Wales	
	1969	%	1968	%	1968	%
Central Nervous System ...	32	27.4	25	20.8	3,715	22.4
Eye-Ear	2	1.7	7	5.8	421	2.6
Alimentary System	11	9.5	11	9.2	1,836	11.1
Heart and Great Vessels ...	1	.8	7	5.8	768	4.6
Respiratory System	1	.8	—	0.0	158	1.0
Uro-Genital System	3	2.6	9	7.5	1,281	7.7
Limbs	47	40.1	40	33.3	5,773	34.6
Other Skeletal	2	1.7	2	1.7	462	2.8
Other Systems	9	7.7	14	11.7	1,101	6.6
Other Malformations ...	6	7.7	5	4.2	1,098	6.6
Total	117	100.0	120	100.0	16,613	100.0

Note: Where a child had multiple abnormalities of the same generic category (e.g. Spina Bifida with hydrocephalus: or hare lip with cleft palate) for the purpose of the table it has been included once only.

During the year, 109 babies were reported as having a total of 139 abnormalities an analysis of which is as follows:

CENTRAL NERVOUS SYSTEM

Anencephalus	13
Hydrocephalus	11
Other defects of brain	4
Spina Bifida	15

EYE, EAR

Anophthalmos, microphthalmos ...	1
Accessory auricle	1

ALIMENTARY SYSTEM

Cleft lip	9
Cleft palate	7
Rectal and anal atresia and stenosis ...	1

HEART AND CIRCULATORY SYSTEM

Specified malformations of heart and circulatory system	1

RESPIRATORY SYSTEM

Malformations of diaphragm ...	1

URO-GENITAL SYSTEM

Hypospadias, epispadias	2
Other specified malformations of urino-genital organs	1

LIMBS

Polydactyly	7
Syndactyly	2
Reduction deformity hand or arm ...	4
Reduction deformity leg or foot ...	1
Talipes	26
Congenital dislocation of hip ...	9
Other specified malformations of upper limb	1
Other specified malformations of leg or pelvis	1
Unspecified limb malformations ...	1

OTHER SKELETAL

Malformations of skull or face bones ...	1
Malformations of sternum and ribs ...	1

OTHER SYSTEMS

Exomphalos, omphalocele	3
Unspecified malformations of muscles, skin and fascia	2
Pigmented naevus	1
Other specified malformations of skin including ichthyosis congenita ...	3

OTHER MALFORMATIONS

Other and unspecified congenital malformations	1
Other monster (including cyclops) ...	1
Down's syndrome	3
Other specified syndromes	4

Of the 109 babies where abnormalities were detected at birth, 22 were stillborn and 14 subsequently died. In 26 cases more than one abnormality was detected; of these 11 were stillborn and 6 died.

10. Incontinent children

The application of modern medical techniques, as in the early treatment of spina bifida, has resulted in an increasing number of severely handicapped children surviving. Many of these children are incontinent and the provision of protective clothing places an extra financial burden on the parents. Health Visitors reported a number of cases of hardship and the Health Committee agreed to the provision of incontinence pants and liners for children over the age of two years who suffer from a medical condition, such as spina bifida or severe subnormality, which demands their use. Supplies were first made available to the parents of 17 children suffering from spina bifida and the scheme will be extended to other children in 1970.

11. Observation register

This particular aspect of child health has been given priority during 1969. By the beginning of the year the review of the old " at risk " register was virtually complete and the Observation Register was established, using a punch card system for children born between 1st January 1964 and 31st December 1967 and a computer record for children born on, and after 1st January 1968.

The Observation Register is a combination of a handicapped children's register and a surveillance register of children at risk of developing handicaps because of adverse circumstances in their obstetric and neonatal experience, or because of family history and social circumstances. Children who should be watched for after-effects of illnesses are also included in the Observation Register.

As there was a backlog of work in reviewing children on the Register priority was given to children born in 1964 who were reaching school entry age in 1969. Very satisfactory progress was made and up-to-date reports were obtained on almost all the 1964-born children on the register. In many instances the preliminary report from the health visitor indicated that the child would be fit to enter an ordinary school. Some children had to be referred for examination by a medical officer in the light of the Health Visitors' reports and other children, because of the nature of the condition under observation, were automatically booked for examination by a medical officer prior to school admission. In a number of instances it was necessary to send to the Chief Education Officer recommendations for education at special schools or special units in ordinary schools. When it was thought reasonable to give the child with a handicap a trial at an ordinary school, it was possible for the medical officer to contact the headteacher before, or shortly after, the child was admitted and discuss the problem and ways in which the child could be helped.

By the end of the year, the routine of a monthly review of a proportion of the children on the Register by health visitors and medical officers was well established, and it had been possible to start making medical assessments of younger children who would almost certainly need special education on reaching 5 years of age.

Simultaneously the computerised Observation Register has been in use for the follow-up of children born during 1968-1969. The needs for the follow-up of babies of this age are different and, in the majority of cases, progress reports from health visitors, supplemented by the exchange of information with paediatricians and general practitioners, is all that is required as the question of special education has not yet arisen.

However, deficiencies in the present computer programme are already coming to light and it is apparent that the programme must be re-written soon, in order to take full advantage of the facilities offered by computerised records. It is essential to have a more realistic way of

classifying the children under observation. The existing classification is orientated more towards the concept of the " at risk register " than is appropriate for the more broadly based Observation Register that has been developed in the last two years.

The computer tape carrying details of all babies born in the County, and those moving in from other areas, is being used to assist in screening procedures. For example, this tape is used to print out labels bearing personal details to be used in sending blood samples for the Guthrie test for evidence of P.K.U., which was introduced throughout the Country by the end of January 1969. Towards the end of the year, arrangements had been made for the computer tape to be scanned once a month to bring forward the names of babies due for hearing screening tests at the age of nine months.

This limited use of the computer to facilitate screening procedures prompted a series of meetings with the Chief Dental Officer and members of the dental section, to explore the practicability of extending its use to include the needs of the dental service, and also to include on the observation register, children with conditions of particular interest to the dental service.

Observation Register at 31st December, 1969

At the end of the year there were 916 children on the Observation Register and of these 418 were born during 1969, and the remaining 498 during 1968.

During the year, 28 children whose names were on the register died, 14 moved out of the county and 5 were considered to be developing normally and their names were removed.

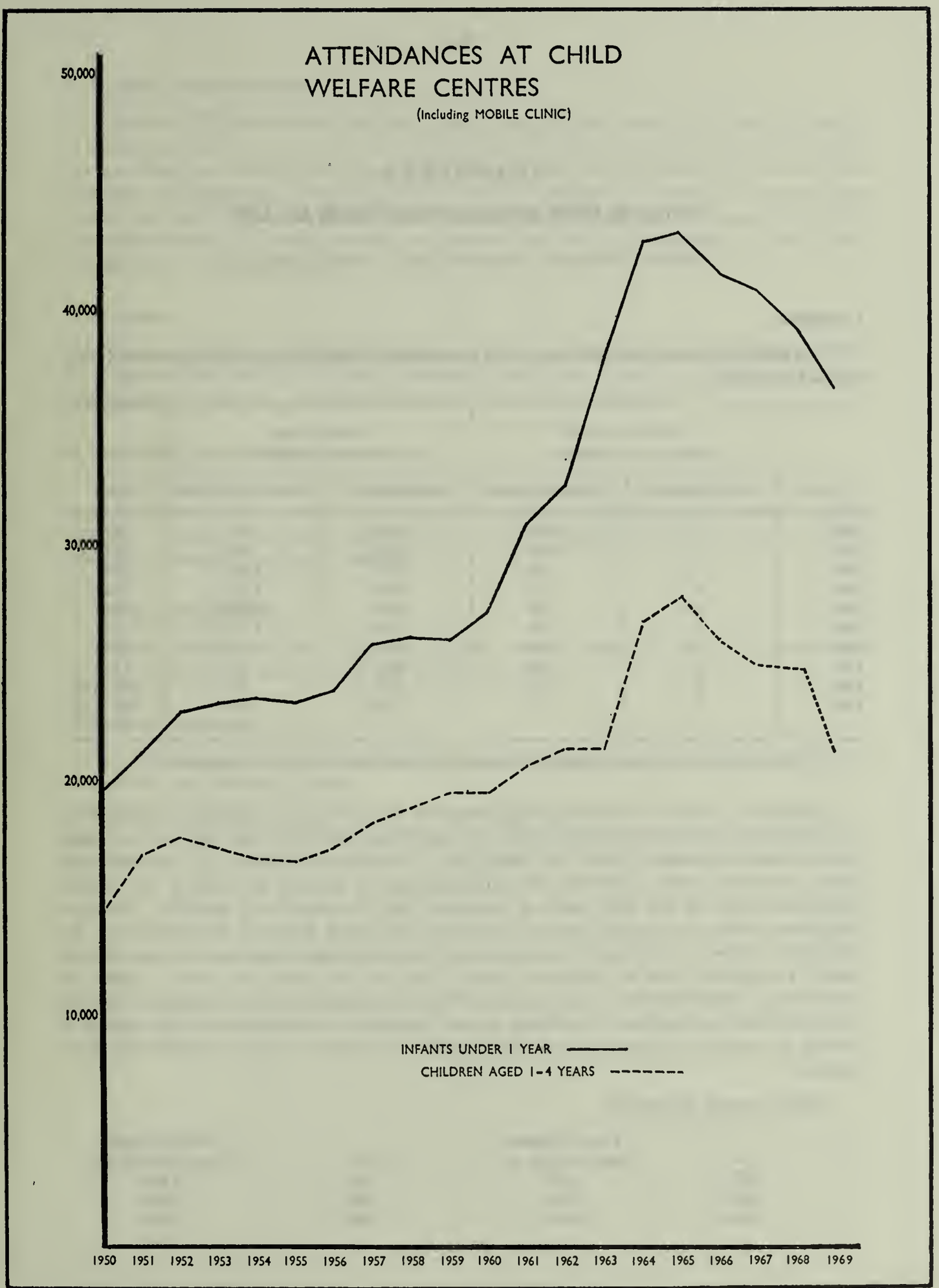
The following table is an analysis of the categories relating to the children on the observation register:

	Analysis of observation categories
Gestation period less than 36 weeks and birth weight under 4½ lbs.	34
Birth weight under 4½ lbs., but gestation period more than 36 weeks	24
Gestation period less than 36 weeks but birth weight more than 4½ lbs.	58
Gestation period more than 42 weeks	32
Jaundice—more than 20 mgm%	10
Birth asphyxia	47
Respiratory distress, cyanotic attacks	18
Congenital malformations	71
Other	124
	418

CHILD WELFARE CENTRES

(see also page 28)

* *Average attendances per village* † *Visits to village*	*Average No. of children attending per session*	*Sessions held* By doctor	By health visitor
Barton Seagrave	48	48	1
Bozeat	40	12	—
Brackley	18	12	—
Brigstock	17	12	—
Brixworth	15	12	—
Broughton	37	12	—
Burton Latimer	107	23	1
Cogenhoe	42	12	—
Collyweston	35	12	—
Corby (Pen Green Lane)	13	49	1
Corby (Beanfield)	50	88	11
Corby (Stuart Road)	25	97	2
Daventry (closed March)	25	6	—
Deanshanger	66	24	—
Desborough	65	23	—
Doddington, Great	43	12	—
Earls Barton	35	23	—
Finedon	30	14	9
Geddington	29	12	—
Gretton	27	12	—
Hackleton	49	11	—
Hardingstone	22	12	8
Harpole	34	12	—
Helmdon	19	12	—
Higham Ferrers (closed November)	18	18	2
Irchester	66	13	10
Irthlingborough (St. Peter's Hall)	31	48	—
Irthlingborough (Community Centre)	19	12	—
Kettering (School Lane)	37	138	16
Kettering (St. John)	7	13	9
Kings Cliffe (Mobile from April)	6	3	—
Kings Sutton	37	12	—
Kislingbury	34	13	—
Long Buckby	15	12	—
Middleton Cheney	38	12	—
Moulton	30	23	—
Old Stratford	31	11	—
Onley Park (from December)	5	1	—
Oundle	25	23	1
Potterspury	47	12	—
Raunds	65	12	—
Roade	39	12	—
Rothwell	36	24	—
Rushden	63	96	2
Silverstone	38	12	—
Spratton	17	12	—
Thrapston	30	12	1
Towcester	23	12	—
Weedon	25	12	—
Weldon	23	12	—
Welford	35	13	—
Wellingborough (Oxford Street)	40	56	—
Wellingborough (Queensway Health Centre)	21	36	59
Wellingborough (St. Andrew's)	20	12	12
Welton	19	12	—
West Haddon	18	12	—
Wollaston	49	18	4
Woodford Halse	28	12	—
Wootton	23	12	—
Yardley Gobion	45	12	—
Yardley Hastings	18	12	—
Mobile Clinic	10*	423†	—
Totals	—	1,692	149


ATTENDANCES AT CHILD WELFARE CENTRES
(Including MOBILE CLINIC)
50,000
40,000
30,000
20,000
10,000
INFANTS UNDER 1 YEAR
CHILDREN AGED 1-4 YEARS
1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969

MIDWIFERY

(Section 10, Health Services and Public Health Act, 1968)

MISS N. TAYLORSON, SUPERINTENDENT NURSING OFFICER

1. Statistics

The following table shows the number of patients delivered by domiciliary midwives during the past ten years.

Year	*Doctor not booked for attendance at delivery*		*Doctor booked for attendance at delivery*		*Total*
	Doctor present	*Doctor not present*	*Doctor present*	*Doctor not present*	
1960 ...	54	528	298	991	1,871
1961 ...	51	436	293	950	1,730
1962 ...	12	89	348	1,088	1,537
1963 ...	8	47	338	1,130	1,523
1964 ...	9	48	318	1,174	1,549
1965 ...	3	19	318	1,019	1,359
1966 ...	4	23	261	968	1,256
1967 ...	12	25	270	835	1,141
1968 ...	6	21	231	721	979 (155)
1969 ...	5	11	223	709	948 (157)

NOTE: additional deliveries in hospital by domiciliary midwives are shown in parenthesis.

During the year not very much change occurred; there was a slight decrease in domiciliary confinements, and probably because of the very slight fall in the birth rate, not quite so many patients were discharged before the fourth day. These tended however, to be discharged earlier, sometimes in the consultant unit from the third to the fifth day, and in the General practitioner units on the sixth day—as compared with the eighth day formerly. Arrangements were made with another general practitioner unit, Park Hospital, Wellingborough, for Domiciliary Midwives to deliver their own patients and undertake their care at home after 24 hours; the starting date for this was January 1970, and we hope next year to report on this scheme. This will be the fourth hospital in Northamptonshire to allow domiciliary midwives to deliver their own patients, in addition to one hospital in Oxfordshire where the scheme is already in operation for patients from this county. This system remains popular with most patients.

Early hospital discharges:

Year	*Cases discharged before the tenth day*	*Year*	*Cases discharged before the tenth day*
1964	1,874	1967	2,860
1965	2,306	1968	3,519
1966	2,432	1969	3,490

2. Maternity accommodation

No special difficulties have been encountered, even with the closure of St. Mary's Hospital, Kettering for delivery for social reasons, which was mentioned in last years report. Patients on the whole have accepted accommodation either at the Corby Maternity Unit, or the Park Hospital, Wellingborough, and there have been those patients who elected to stay at home rather than have to travel to either of these hospitals and, which is perhaps a greater difficulty for relations visiting. Earlier discharge of patients has given a corresponding increase in bed accommodation in hospitals.

3. Midwives

The number who notified their intention to practice during the period 1st February 1969-31st January 1970 was 123, of these 63 were employed by the County Council, 53 by Hospital Management Committees, one independent and six from Leicestershire.

4. Training of pupil midwives

Lectures on the Social Services continued to be given by Dr. J. Sarginson, Miss L. J. Bogle, Deputy Superintendent Nursing Officer and Miss F. I. Taylor, Assistant Superintendent Nursing Officer. Thirteen pupils came from Horton Hospital, Banbury and fifteen from St. Mary's Hospital, Kettering, for Part II training.

5. Post graduate courses

Seven midwives attended statutory refresher courses during the year. The usual course at St. Anne's College, was not held, due to lack of support.

6. Visits of observation

Domiciliary midwives again assisted in taking visitors on their rounds, mainly student nurses from the various hospitals.

HOME NURSING

(Section 25, National Health Service Act, 1946, and Section 11, Health Services and Public Health Act, 1968)

MISS N. TAYLORSON, SUPERINTENDENT NURSING OFFICER

1. Staff

The administrative staff, comprising of Superintendent Nursing Officer, Deputy Superintendent Nursing Officer, and two Assistant Superintendent Nursing Officers, remained unchanged during 1969.

The number of staff employed at 31 December was :

Full-time district nurses	49
Part-time district nurses	9
Full-time district nurse/midwife	51
Part-time district nurse/midwives	3
Full-time health visitor/district nurse/midwives ...	6
TOTAL ...	118

2. In service training

On October 9th and 10th 1969, in service training courses were held at Knuston Hall, Centre of Further Education, for all district nurses and midwives. Dr. H. J. Voss, Consultant Pathologist, Kettering General Hospital, was the opening speaker on both days, his subject was " Blood Grouping, including the Rhesus Factor ".

New aspects of domiciliary care in the treatment of varicose ulcers was the subject chosen by Dr. I. S. Hodgson-Jones, Consultant Dermatologist, Kettering General Hospital, on the first day, and by Dr. S. Allen, Physician, Battersea Mission Varicose Clinic, London, on the second day. Dr. J. R. Harper, Consultant Paediatrician, Northampton General Hospital, talked on " Infections in Infants and Young Children ". Mr. E. A. J. Alment, Consultant Gynaecologist and Obstetrician Northampton General Hospital, talked on " The future of the midwifery services ". These varied and interesting subjects created interest and stimulated discussion at the close of both days. The study day was voted the best ever !

Midwives attended the usual statutory refresher courses, and one senior district nurse attended a first line management course, arranged by the Regional Hospital Board.

3. District nurse training school

The National Examinations for District Nurse Training organised by the Department of Health and Social Security were taken by district nurses in January and May. Ten students (including one from Bedfordshire) sat the examination in January 1969 and nine students sat the examination in May 1969. All students were successful and were awarded the certificate. Six State Enrolled Nurses took the examination set by the Queen's Institute of District Nursing, these were all successful and were awarded the certificate.

4. Cases

DISTRICT NURSING STATISTICS 1960-1969

Patients

Year	Total cases	*At time of first visit* Aged 65 or over	Under 5	Total visits
1960	7,427	3,420	583	138,875
1961	7,537	3,452	500	143,552
1962	7,041	3,581	384	142,750
1963	6,940	3,638	403	139,589
1964	6,547	3,168	390	141,952
1965	6,422	3,512	330	138,748
1966	7,089	3,864	458	143,955
1967	7,580	4,171	355	159,395
1968	8,846	5,206	494	166,798
1969	8,140	5,263	459	171,380

There is an overall increase in nursing visits this year over previous years, but not in number of total cases nursed, except in the 65 years and over age group. This points to a more comprehensive care of the patient—attachment to general practice grows and covers many gaps evident in the service as nurses are now working in the surgeries. One group of Doctors with their own Medical Centre and employing part time nursing assistance have asked during the year for district nursing staff to be integrated. This was agreed to as it must be of more benefit to patients. Visiting is a very time consuming business, patients who attend a surgery for treatment receive prompt attention and more can be seen in the time available, in addition to which a greater variety of patients are dealt with. The nurse is doing tasks for which she is qualified and is thus able to keep up to date with modern techniques. This Doctor, patient, nurse relationship is a satisfactory one, no longer can a message be misinterpreted causing delay in treatment.

5. Reciprocal arrangements with other authorities

Arrangements were completed with Leicestershire whereby nurses from both counties " cross the border " to visit the patients of general practitioners to whom they are attached. No difficulties have arisen.

6. Day surgery

A small number of patients were operated on at Horton Hospital and discharged home the same day to the care of the District Nurse—proceedings went smoothly.

7. Health Centre treatment rooms

The whole of the work of the treatment rooms has proceeded smoothly during the first full year of their operation. The nurses who are attached to general practices have the benefit of " on the spot " advice and help from the doctors.

At Wellingborough nurses are in attendance only during surgery times, but at Daventry owing to the fact that the general practitioners work under a different system, a district nurse is present for most of the day. It is felt that this sphere of work has added greatly not only to " job satisfaction " but has increased friendliness with other grades of staff working in the Centres. At the official opening of the Daventry Health Centre, Mr. Richard Crossman, M.P.,

then Secretary of State for Social Services, who performed the opening ceremony, expressed interest in this method of working as apparently not all health centres are staffed in this way.

All patients who are able to attend for treatment are asked to do so but nevertheless the overall number of visits has increased, due to the rise in population.

The types of treatment carried out at Daventry and Wellingborough include:

Diagnostic tests e.g. routine urine testing; taking of blood, taking of swabs from eyes, ears, throats, infected wounds; E.C.G. recordings.

Dressings to post operative wounds; removal of drainage tubes and sutures; boils, abcesses, paronychia; to cuts and grazes; minor casualties; suturing where necessary.

Injections. All types, antibiotics, vaccines.

Gynaecological treatments e.g. insertion of pessaries; preparation of patients for cervical smears and insertion of I.U.C.D's.

Other procedures. Removal of foreign bodies from eyes and ears; removal of splinters; treatment of warts; insertion of suppositories; aural toilet and instillation of drops; repairs of plaster of paris splints; strapping of sprains, e.g. wrists, ankles, knees; removal of rings from swollen fingers; removal of papilloma cysts, toe or finger nails under local anaesthetic.

	Treatments given		
	Adults	*Children*	*Total*
Daventry	6,636	787	7,423
Wellingborough	1,677	1,060	2,737

8. Uniform

The new uniform was worn by all staff for the first time this year. The green harris tweed coat and turquoise terylene dresses look much more attractive than the navy blue coats and blue dresses that were worn previously. Two types of hat were also made available, the " air hostess " type and a brimmed hat of a shape not previously worn in domiciliary nursing. A green terylene cotton mackintosh completed the outfit. This was specially lightweight to wear over the tweed coat. Aprons have been discarded, and only worn for cases where they are thought to be necessary.

9. Visitor to health department

The Queen's Institute of District Nursing asked the Department to arrange visits of observation for Miss Sho-Silva of Nigeria an administrative student at the William Rathbone Staff College, Liverpool. An interesting programme was arranged for one week in which visits were made to Daventry Health Centre, " Work in a new town " (Corby), seeing the work of staff generally, including the diagnostic centre and Corby Maternity Unit. A visit to County Hall Northampton and a discussion with the County Medical Officer of Health, and a visit to the district nursing training school completed the programme.

10. Transport

(i) CARS

The number of cars in use at 31st December was:

(a) provided by the County Council	71
(b) privately owned	127

(Nursing staff 78; Health visiting staff 49)

The 71 cars provided by the County Council were distributed as follows:

48 district nurse/midwives
16 health visitors
3 occupational therapists
1 speech therapist
1 medical officer
2 reserve

(ii) Ford Escort van

In addition to the cars mentioned above, a Ford Escort van was purchased. This is used in addition to the Ford Transit van to transport nursing equipment, furniture and welfare foods and is also used in connection with the Henley Industrial Unit, Kettering.

(iii) Towing vehicles

A landrover is used for towing the mobile clinic and a small landrover which once belonged to Civil Defence is used as a spare towing vehicle as well as to supplement the two vans for carrying equipment etc.

11. Houses

At 31st December, twenty houses (one containing three flatlets) and three cottages were owned by the County Council. During the year one house was sold at Rushden and another at Towcester is in the process of being sold. Eight houses were rented by the County Council from district councils and two from another source.

HEALTH VISITING

(Section 24, National Health Service Act, 1946
and Section 11, Health Services and Public Health Act, 1968)

MRS. M. M. WALKER, SUPERINTENDENT HEALTH VISITOR

1. Staff

The establishment of health visitors, including the Superintendent and her Assistant was increased by one, and provision was also made for the equivalent of two-and-a-half extra clinic nurses. This gave a total establishment of 60½.

During the year four health visitors left, three for domestic reasons, one in order to undertake further training. Four sponsored students obtained their certificates, one of these being a health visiting officer. Therefore on 31st December there was the equivalent of 56.75 field staff in post.

Year ended 31st December	*Establishment of Health Visitors* and clinic nurses*	*Population of County (mid-year estimate)*	*Ratio of staff to population*
1965	51	305,360	1 : 5,987
1966	53	306,500	1 : 5,783
1967	54	311,990	1 : 5,777
1968	55	321,120	1 : 5,839
1969	58½	330,160	1 : 5,643

*These figures exclude the Superintendent Health Visitor and her Assistant.

2. Training

(a) *Recruitment*

The difficulty of recruiting suitable students remains. This may be partly due to the uncertainty of the future of local authority nursing services. Six students were sponsored for 1969/70 but one of these withdrew from training at the end of the first term. Two students are taking their practical work training in this county.

(b) *Post Certificate Training*

One health visitor took the group advisers training course; three health visitors a course in " New trends in Medicine and Social Health " and two a course on " Educating for a Changing World ". The three field work instructors took a follow-up field work instructors' course.

Following a review of family planning needs and services, arrangements were made for the eight health visitors already trained in family planning methods to receive further instruction. Four more health visitors are to be fully trained by April 1970. Health visitors have the ideal opportunity to advise regarding family planning when paying a home visit to a mother. Even so, it is often difficult to persuade a mother in certain social classes to accept available advice.

In-service training was organised for groups of health visitors in the following subjects; Hearing Screening Testing, Techniques of Relaxation for Pregnant Women, Alcoholism and Drug Dependence, and Modern Methods in First Aid.

Staff also had the opportunity of joining local courses held for multi-disciplinary groups including a course on Computers in Medicine attended by six health visitors, and Community Work—Its Nature and Purpose, a one week course attended by the Superintendent Health Visitor. The Assistant Superintendent Health Visitor assisted with the running of the course held for group advisers arranged by the Health Visitors' Association held at St. Gabriels College, London. Due to an increasing number of married staff with resulting domestic commitments it would seem desirable to look into the possibility of arranging post certificate training at local level.

3. Family visiting

(a) *Care of young children*

The work of the health visitor is probably changing more rapidly now than at any other time. This is due to general practitioner health visitor attachment, health centres and town expansion schemes to accommodate families from overspill areas. Many of these families require lengthy periods of support to enable them to adjust to their new life which usually includes new type of housing with higher rent than they have been used to, probably a more expensive form of central heating, a new job for the father of the family which may be an entirely new type of work without the opportunity of working overtime. In addition the mother of the family has many worries e.g. settling the children into new schools, financial, as she would like many new things for her new home, loneliness due to moving away from her relatives and friends plus the lack of amenities which are the feature of new housing estates until the need for amenities has been established.

In some areas lack of facilities for the under five age group are marked, such as no adequate provision for children of mothers who have to, or would like to go out to work. The provision of nursery schools and more full-time play groups would be beneficial particularly where there is little stimulus at home due to family problems. Children also require safe outdoor playing space especially now gardens are arranged on the open-plan method and playing in the street is hazardous.

(b) *Battered babies*

The condition known as the " Battered Baby Syndrome " is becoming more common. Although it is a difficult condition to diagnose until injuries in the child are obvious, the health visitor often suspects that all is not well between the parents and child. Surely the battered baby is a real cry for help particularly from the mother and these cases require prolonged support from the health visitor and allied workers.

(c) *Diabetic children*

Arrangements have been made for the two health visitors specialising in diabetes to attend the paediatric session at the local hospital which is devoted to diabetic children. This is a very satisfactory link as the health visitor has the opportunity of discussing problems both with the hospital staff and parents of the child.

4. General Practitioner/Health Visitor attachment

This arrangement of work continues to expand and it has been possible to arrange an attachment scheme in part of Northampton Rural District, although no way has yet been found to arrange attachment where several practices are involved. We have met no difficulties whereby health visitors follow families on their attached doctors' list into neighbouring authorities.

Since general practitioner/health visitor attachment the number of elderly people to be visited at the request of the general practitioners continues to increase. A typical case is illustrated as follows:

An 80 year old woman referred by the general practitioner to the health visitor; reason for referral had collapsed several times due to malnutrition. She suffered from sores on her legs and face due to vitamin deficiency; had refused to take prescribed vitamin preparations and eats a poorly balanced diet; lived in a cottage but only used one room for living, sleeping, cooking and toilet purposes.

This type of person requires regular visiting and observation regarding diet and medical treatment while either awaiting admission to a home for elderly people or to enable her to remain in her own home. All time consuming, but rewarding work for the health visitor as elderly people, particularly those living alone are very appreciative of the health visiting service.

5. Child health clinics

An increasing number of general practitioners are either running or considering child health clinics for healthy children. However there is still a place for the local authority child health clinic particularly in rural areas, but the time has come to adopt modern methods of working in these clinics particularly in view of selective visiting to children by health visitors. Therefore it is hoped to implement an appointments system for periodic assessment of children who attend clinics.

6. Hearing screening test

Many health visitors have now received training in the above techniques, but as yet only approximately 25% of babies are tested. It is hoped to aim for a rate of 100% when staff training is completed despite many other commitments.

Specially trained health visitors carry out the audiometry test for children in the 0-5 age group suspected of having hearing loss.

7. The Guthrie test

At the end of 1968 arrangements were made by this department, in conjunction with the pathology department of the Northampton General Hospital, for the introduction of a new procedure for the testing of blood samples taken from babies at ten days of age, the object of which is to determine the level of phenylalanine in the blood. This is a screening test for the early detection of phenylketonuria, a condition which if not detected and treated in the early stages can lead to irreversible brain damage. It replaced the phenistix test which was a urine test with the same objective as the new Guthrie test, but which was a much less accurate method of testing.

The Guthrie test introduced in Northamptonshire in late 1968 is carried out by the health visitors who take one sample of blood which is smeared on to an absorbent paper. This is forwarded to the pathology department of the Northampton General Hospital who carry out the test and return the result to this department. The computer tape, containing details of all babies born in the county, is used to print out lables bearing personal details to be used in sending blood samples for the Guthrie Test.

If a test is positive, then exhaustive further tests are carried out by the General Hospital to establish whether the condition indicated by the screening test exists in the child, and if so, the child is placed on a specially prepared milk which excludes the constituent which would irritate the condition.

It is interesting to note that in late 1969 the Department of Health and Social Security introduced the same test nationally, which this authority had already been operating successfully for over a year prior to its national inception.

HMR101/6 **SCREENING BLOOD TEST (including PKU)**

FOR LABORATORY USE

PAPER 'A'

PLEASE PLACE ONE LARGE DROP OF BLOOD IN CENTRE OF EACH CIRCLE

Dd.651302 8/69 1000M/R&C/D5258

Baby's Surname (BLOCK CAPITALS)

Baby's First Names

Mother's First Names

Hospital | Ward/Dept.

Consultant/GP

Home address

Baby's date of birth / / | Sex

Date of first milk feeding / /

Date of specimen / /

Local Health Authority

Address to which reports of positive tests should be sent

8. Visits

Details of visits:

	1969	1968	1967
Children born in current year	28,289	33,193	36,361
Children born in previous four years ...	37,045	33,281	40,983
Tuberculosis	121	175	185
Mentally disordered	663	399	237
Persons aged 65 years and over	3,549	4,341	3,656
Persons discharged from general hospitals ...	70	103	90
Other	10,570	12,207	11,628
Total ...	80,307	83,699	93,140

Attendances at:

	1969	1968	1967
Child welfare centres	1,995	2,258	2,127
Mobile welfare clinic	405	451	433
Chest clinics	355	363	388
Immunisation clinics	94	71	78
Vision clinics	63	88	44
Family planning clinics	136	64	41
Enuresis clinics	24	24	31
Venereal disease clinics	82	49	45
Diabetic clinics	58	50	51
General practitioner clinics	3,605	936	682
Cytology	27	23	—
Hearing	232	75	—
Total ...	7,126	4,452	3,920

HEALTH EDUCATION

Miss J. M. Wingfield, Health Education Organiser

1. Introduction

At the end of 1969 the health education section team comprised the Health Education Organiser who has a nursing and health visiting background; her assistant, who is a trained teacher; two visual aids assistants with wide experience in display work and a part-time clerk shorthand typist.

One of the main functions of the health education section is to act as a reference centre for members of staff and much of the staff's time is taken up with answering queries and providing advice.

With the increasing use of the mass media as a means of promoting propaganda it is important that those involved in health education are well informed on current thinking on health hazards. In order that staff are kept abreast of current problems, in-service training sessions have been arranged throughout the year. One of the subjects included was addiction and a seminar on drug dependence and alcoholism was organised for health visitors and senior members of other sections of the Health Department. A series of half-day training sessions was arranged for district nurses interested in health education on teaching methods and the use of visual aids to enable them to present their subject matter in a stimulating manner.

2. Teaching the expectant mother

Classes in relaxation and parentcraft for expectant mothers are available throughout the county. The number of mothers attending decreased last year by 696 from 1,830 for 1968. Although most classes are held in the afternoon it would be useful to have more classes in the evening in order to give expectant fathers an opportunity of attending. This is possible only in Kettering and Wellingborough at present. Husbands do however, have the opportunity of seeing the film " To Janet A Son " together with their wives. This film was shown on 41 occasions during 1969. It is hoped to purchase a more modern film for future use.

At each class the expectant mothers practise simple exercises, controlled breathing and relaxation. The midwife takes the first five classes which cover antenatal care and delivery. Then follow five lessons by the health visitor, concerning the health and care of the mother and child after birth, introduction to the needs of the growing child and of the services available to help the mother. Some of these classes have been attended by pupil midwives as part of their training course. Arrangements were also made for pupil midwives to see the film on family planning entitled ".Every Baby a Wanted Baby ". Discussion on family planning takes place at antenatal classes when it is initiated by the expectant mothers.

The majority of midwives and health visitors have attended instruction classes by the same tutor, a physiotherapist of wide experience. A further four day course of training held in October at Knuston Hall was attended by 24 midwives and health visitors.

In order to assess the extent to which expectant mothers made use of antenatal relaxation and parentcraft classes the health education section carried out a survey of all women living in

the county who were delivered of a child during the month of February 1969. Questionnaires were completed by health visitors and revealed that 23.6% of these women were unaware of classes available in their vicinity. Of these approximately one quarter had recently moved into new housing estates and 50% of the remainder lived in rural areas. The main reason given for non-attendance of those who wanted to come was the presence of a small child.

3. Group teaching

Requests for talks on home safety, cervical cytology and other subjects of topical interest were received from groups and clubs of different ages and interests. These engagements, frequently in the evening, were fulfilled by administrative and local staff, who were able to make use of teaching aids supplied by the Health Education section. There is now a greater selection of these. Another 16 mm film projector was purchased and many of the film strips in stock have been replaced by sets of coloured slides. A tape recording with coloured slides entitled " Home is a dangerous place " was purchased from the Medical Recording Service of the Royal College of General Practitioners and has proved useful in teaching Home Safety. The health education section has provided films and other teaching aids for the district nurse training school and the Health Education Organiser took part in a course on teaching methods for senior ambulance officers. Home helps have had training sessions on elementary first-aid and mouth to mouth resuscitation, with special reference to accidents likely to occur in the older person.

Whilst overall supervision of mothers' clubs is undertaken by the health education organiser, advice and support for individual clubs is the responsibility of the health visitor whose training has included theoretical and practical aspects of health education.

There are now twenty-three mothers' clubs in the County. The aim of a mothers' club is to further the physical and mental health of its members and their families. Members meet to learn how to provide health and happiness for their children, their husbands, relatives, neighbours and themselves. There is opportunity for discussing problems and making friends, plus the value of an evening away from the household routine. Occasionally two or more clubs combine to hear an extra special speaker, or for a competition. Kettering mothers' club organised a very successful general knowledge quiz amongst clubs throughout the County. The final contest took place in November and resulted in a victory for Irchester, one of the newest clubs.

4. Displays

Pictorial displays, designed and executed by Health Department staff have been distributed in rotation to clinics, being changed at monthly intervals. For the first eight months of the year these were concerned with accidental poisoning of which there has been an increase amongst small children over the past two years.

Other subjects brought to the attention of the public in this way were hypothermia, the home help service and safety on November 5th and at Christmas. A display on the integration of general practitioner, hospital and local authority services, was prepared for the opening of Daventry Health Centre. The clinic displays are also exhibited in out-patient waiting areas in Northampton and Kettering General Hospitals. In Kettering a survey was carried out to evaluate the perception of the display. Interviews were conducted with persons of all ages waiting in the area adjacent to the display stand. Findings of the survey showed that the messages most readily perceived were those which were simple and direct, and that displays

containing detail and insipid colouring did not attract interest even though the persons waiting had plenty of time at their disposal to study their surroundings.

During the year displays were exhibited at four public functions. At The County Agricultural Show and at British Timken Show a full scale representation of a garden, full of hazards, drew large crowds. A free pencil, bearing the inscription " Keep poisonous substances locked away ", and home safety handbooks encouraged many children and adults to participate in the quiz by endeavouring to find the 32 hazards portrayed. The health education section contributed a display on home safety, including film shows, to the general safety section at the Volkswagon Rally at Billing Aquadrome, and similar contributions were made at a " Road Safety Week " in Rushden. A display on home safety was also mounted at the County ambulance competition, held at Kettering, to which the public was invited. Training of ambulance personnel is referred to elsewhere in the report.

5. Visitors

Student nurses in training are increasingly made aware of preventive health services, and those in Northampton General Hospital have visited the health education section to obtain information and materials for project work related to personal relationships.

Student dietitians working with the hospital group dietitian each spent a half day observing and discussing health education.

Two students taking the course for the Diploma in Content and Method in Health Education at the Institute of Education, London University, spent two weeks observing various aspects of administration and field work of the health department.

PROPHYLAXIS, CARE AND AFTER-CARE

(Section 12, Health Services and Public Health Act, 1968)

1. General

A wide variety of services is supplied under Section 12 of the Act, and most of these are described elsewhere in this report. A brief description will now be given of several which are not covered elsewhere.

2. Provision of nursing equipment

During 1969, once again, there was a marked increase in the number of requests for loans of medical and nursing equipment for use in the home care of patients, and nearly all demands for these items were supplied within a day or two of the requests being made. In urgent cases, every effort was made to supply the equipment required within 24 hours.

An itemised list of articles loaned during the year is given below, together with comparative figures for 1968 and 1967:

	1969	1968	1967
Walking frames	447	392	240
Commodes	335	230	170
Wheelchairs	165	186	120
Foam Rings	147	81	85
Bedpans	122	66	80
Bed Cradles	95	78	64
Bed Rests	143	97	58
Tripods, Quadruped Aids ...	71	56	51
Urinals	75	59	46
Lifters	19	20	23
Walking Sticks, Crutches ...	45	26	21
Beds	27	25	19
Toilet Aids	53	34	11
Hoists	12	8	10
Matresses	27	16	8
Miscellaneous	78	92	60
Totals	1,861	1,466	1,066

3. Convalescent home treatment

Convalescent treatment is provided for patients who do not require extensive medical or nursing care. Following a resolution by the Joint Sub-Committee of the Health and Welfare Committees that persons whose main need was for a holiday rather than a period of recuperation or rehabilitation should be offered holidays under the Welfare Department's scheme for handicapped persons, the number of persons sent for treatment at convalescent homes dropped to 33 adults and 8 children compared with 94 adults and 14 children in 1968.

The patients were recommended by:

General Practitioners	17
Health Visitors	16
Mental Welfare Officers	3
Hospital Social Workers	1
Others	4

Arrangements were made, where necessary, for escorts to accompany the patients to and from homes, and this service was provided by the British Red Cross Society.

4. Chiropody Service

Arrangements for providing a chiropody service for elderly persons and for those who are substantially physically handicapped are made through voluntary organisations who reclaim 80% of their net expenditure based on the Whitley Council scale after the patient's contribution of 2s. 6d. has been deducted.

Although a satisfactory service is being provided in many districts through voluntary organisations, there are a number of villages throughout the County where no chiropody service is available. Consequently, when the ten-year plan was revised in 1967 in order to assist in meeting this need, the appointment of a whole-time chiropodist was recommended but for reasons of economy it has subsequently been deferred from year to year. However, an appointment is to be made in 1970/71.

Year	*Claim forms received*	*Voluntary Organisations*	*Treatments given*	*Annual Cost*
				£
1960-61	47	24	2,055	855
1961-62	153	40	8,900	1,666
1962-63	208	62	10,645	2,294
1963-64	174	64	17,500	3,266
1964-65	350	70	21,000	5,200
1965-66	365	75	25,000	7,500
1966-67	540	82	29,000	9,900
1967-68	585	90	35,500	12,550
1968-69	629	91	33,304	12,360
1969-70	690	98	44,513	*19,065

*This figure includes increase in fees paid to chiropodists from 1st January 1969.

5. Occupational Therapy

Due to staff shortages it was impossible to undertake any new developments during the year and the report of the activities follows on lines similar to previous years. The year saw considerable staff changes with the resignation of Mrs. R. A. Wyatt in February, leaving Mrs. J. Sharpe, S.R.O.T. as the only occupational therapist who was in post during the whole year. She was joined by Mrs. C. Sessford, S.R.O.T. in June, and Mrs. A. Plunkett, S.R.O.T. in October.

In recent years, the scope of occupational therapy has been more clearly defined and, whereas diversionary craft work was a major part at one time, very much more emphasis is now

given to rehabilitation and maintenance of residual function in the case of disabled persons, whether their disability be mental or physical. Health Department occupational therapists are now being increasingly involved in providing a service for physically handicapped persons who are not registrable with the Welfare Department as they do not meet the dual qualification of being both substantially and permanently handicapped. This rehabilitative aspect of the work has been developed through informal contacts with the Departments of Physical Medicine in the two general hospitals and with a small number of general medical practitioners in the County. Staff shortages prevented adequate development of this service, but much useful groundwork was undertaken.

During the year a hostel for the elderly mentally disordered was opened (Moray Lodge, see page 64) and an occupational therapy service was provided in connection with the hostel. However, this service, too, had to be curtailed for part of the year owing to staff shortages.

(i) Red Cross Clubs

The St. Giles Club, Kettering and the Red Cross Club, Corby are still running well, but our occupational therapists do not visit them.

(ii) Occupational Therapy Classes

The Thrapston and Desborough classes are both gaining strength. The Thrapston Club went on a tour round Derbyshire in September, and had both a Christmas Sale and a Christmas party. The Desborough class went to Stapleford Park in September, and held a Christmas Sale in November.

(iii) Holidays for the Disabled

Mrs. Sharpe attended the Welfare Department holiday to Kessingland in May.

	Occupational Therapy					
	Patients under treatment	*Home Visits Quarter Ended* 1969				*Patients under treatment*
Category	31/12/68	*March*	*June*	*Sept.*	*Dec.*	31/12/69
Mentally subnormal	19	45	50	66	52	18
Mentally ill	33	115	206	187	169	31
Tuberculosis	3	2	3	16	17	2
Other illnesses	31	86	98	101	119	41
Total	86	248	357	370	357	92

	Total Visits
Mentally subnormal	213
Mentally ill	677
Tuberculosis	38
Other illnesses	404
	1,332

6. Cervical cytology

Many demands are made for local health authorities to establish special clinics to carry out cervical screening. In this county clinics are held in Northampton, Wellingborough, Corby and smears are also taken at family planning clinics in Kettering. The total number of smears taken at these clinics is not very great and it is therefore important to find out what the true position is regarding the extent to which smears are taken by practitioners in other branches of the Health Service and by other organisations. The establishment of a Department of Social and Preventive Medicine at Kettering General Hospital has made this task much easier and although a similar department has not yet been opened at Northampton Hospital, the staff at that hospital have been most helpful in providing the necessary statistics. The following figures show the sources of smears which were processed at both hospitals. Over the years an increasing number of smears are taken annually and the proportion taken by general practitioners continues to grow each year although a substantial proportion are submitted by hospital departments.

Source of smears processed at hospital laboratories

		Northampton General Hospital			
		Health Dept.	*Family Planning*		
Hospital	*G.P.*	*Clinics*	*Clinics*	*Other*	*Total*
2,787	2,944	426	833	—	6,990
		Kettering General Hospital			
2,089	4,462	526	217	59	7,353

Certain classes of women are at higher risk of developing cancer of the cervix. These include the wives of manual workers, women who have had a series of male partners; and women who commenced sexual activity at an early age.

These groups tend to be under-represented among the women who ask to have cervical smears taken. Health visitors, through their attachment to general practitioners, are often in a position to identify such women. The effect of having health visitors approach women in the high risk groups and offering them appointments at clinics or surgeries to have smears taken was investigated in a pilot study carried out at Kettering and Corby and co-ordinated through the Department of Social and Preventive Medicine at Kettering General Hospital.

The health visitors selected the names of 201 women, the majority being the wives of manual workers with large families. From the records at Kettering General Hospital it was established that 27 of these women had had smears taken within the past year and these were excluded from further consideration.

The results of the visits paid were as follows:

No. of women approached	*Contact made*	*Agreed to attend for smear*	*Refused to attend for smear*	*Undecided*	*Smears received at hospital within 3 months*
174	150	117	9	24	27

Thus only 18 per cent of the women contacted attended for smears to be taken within 3 months of being invited. In an undetermined number of cases the women were given appointments to attend a clinic or a surgery, but these cases were in a minority. Two refinements suggested which might increase the yield of attenders are being explored, i.e.

(i) Specific appointments to be given to every woman approached.
(ii) Follow-up visits to be made to women not keeping their appointments.

Positive results

From all sources 61 positive smears were found at Kettering and Northampton in the following age groups and the appropriate action taken.

Age group	
20	2
25	8
30	7
35	6
40	11
45	9
50	4
55	7
60	1
65	1
70	4
Not known	1

7. Haemodialysis

During the year, notification was received from the renal dialysis unit at Oxford that four patients had been accepted for training and that arrangements would need to be made for machines to be installed in their homes. In two additional cases adaptations started during 1968 were completed.

Since it became national policy for suitable patients to be trained in hospital and supplied with a machine to enable home dialysis to be carried out, nine patients have been referred to this authority. The cost of adapting homes has varied between £170 and £850, but unfortunately two patients died shortly after the machine was installed and a third patient was compelled to move house when the installation was almost completed.

During the past two years, since the first patient was referred for home dialysis, difficulties have become evident. In six of the first seven cases referred, a spare room suitable for dialysis was available but other problems which might be encountered were being considered some of which included:

(i) The patient who lived in rented accommodation and whose landlord might refuse to allow any adaptation to take place.

(ii) All homes would not have a spare room and in some modern houses although a spare room may be available it might not be suitable for dialysis or large enough to install the equipment.

(iii) Water pressure to an upstairs room may be inadequate necessitating the Water Board providing a separate supply.

(iv) Electricity supply to the property inadequate to supply the machine which would require a new separate supply.

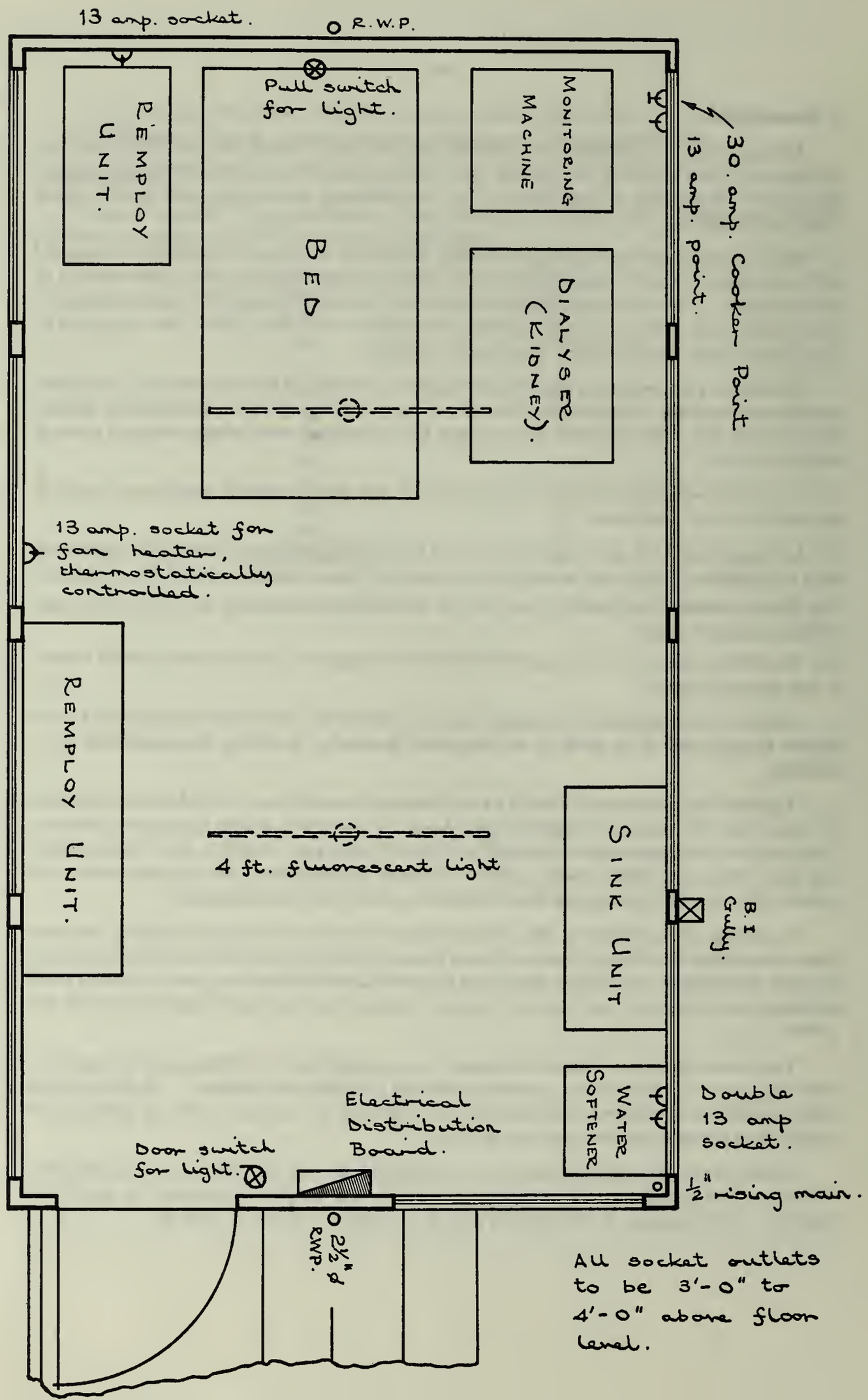
Although these problems had always been in mind it was not until November that more serious thought had to be given to an alternative method of providing accommodation for a machine.

A patient was referred who lived in a two bedroomed council house; he had a wife with whom he shared one bedroom and daughters aged 5 and 14 years who shared the second bedroom. The downstairs accommodation consisted of a small lounge and a medium sized kitchen diner and there was no available space in which to install the machine. For various reasons the patient did not wish to move to a larger house even if one had been available.

A meeting was arranged at the patient's house between the dialysis organiser and representatives from the County Architect's and County Health Departments and during this on the spot discussion it was decided that owing to technical difficulties it was not possible to build an extension to the house and the only apparent solution was to install a sectional unit in the garden.

The County Architect obtained estimates for a suitable type of building and the manufacturer adapted one of his models to enable the dialysis machine to be installed. All the electrical and plumbing work required was built into the unit prior to delivery to site, in addition the special floor covering required was also included.

Within about six weeks of the patient being referred the unit was delivered, assembled on a low loader and placed on the prepared site ready for the hospital technicians to install the machine. A photograph of the unit and plan of the layout is shown on page 56.


13 amp. socket.
R.W.P.
Pull switch for light.
REMPLOY UNIT.
BED
MONITORING MACHINE
DIALYSER (KIDNEY).
30. amp. Cooker Point
13 amp. point.
13 amp. socket for fan heater, thermostatically controlled.
REMPLOY UNIT.
4 ft. fluorescent light
SINK UNIT
B.I Gully.
WATER SOFTENER
Double 13 amp socket.
Electrical Distribution Board.
Door switch for light.
1½" rising main.
2½" ø RWP.
All socket outlets to be 3'-0" to 4'-0" above floor level.

DIALYSIS CABIN

The photographs on this page hove been reproduced by courtesy of Messrs. Elliotts of Peterborough Ltd

HOME HELP SERVICE

HOME HELP

OUT AT WORK . . .

MAKES BED
AND DOES LAUNDRY

EARLY MORNING TEA OR BREAKFAST SERVED

HELPS TO PREPARE MAIN MEAL

ESSENTIAL SHOPPING, PAYING BILLS AND COLLECTING PENSIONS

LIGHTS FIRE, CLEANS UP AND GETS IN COAL FOR THE DAY

PROVIDES A LIFE-LINE FOR SOME PATIENTS ENABLING THEM TO REMAIN IN THEIR OWN HOME WITHIN THE COMMUNITY

Taken from a Health Education Pictorial depicting the work of the Home Help Service displayed throughout the county in Clinics, Health Centres and Hospitals

HOME HELP SERVICE

(Section 29—National Health Service Act, 1946)

Miss E. Newell, Home Help Organiser

1. Introduction

The home help is one of the most important of the social provisions for the patient and the family supporting the professional service given by the general practitioner, district nurse, health visitor and the mental health social worker, and is therefore an important member of the community health team.

During 1969 the service continued to make a valuable contribution to home care in arranging the services of a home help for 581 new referrals, an increase of 42 cases over the figure for 1968. In many of these instances the provision of assistance alleviated the need for transfer to hospital or residential accommodation. Home helps are not only provided for the sick and ageing members of the community but are provided for home confinements, households where there is a child not over compulsory school age and also in cases of mental disorder and sub-normality. A total of 15,263 households have been provided with the services of a home help during the last ten years and of the 1,360 cases currently receiving help at 31st December 1969 it is interesting to note that a number of these cases initially received help in the first half of this period.

Unlike most of the services provided by the County Health Department the services of a home help must usually be paid for. Recipients are called upon to make a contribution according to their income, though an old age pensioner with no other income gets a free service. Persons of pensionable age who are in receipt of a Social Security supplementary allowance are required to pay 5/- per week. Organising staff report that in the majority of cases persons referred for home help are now familiar with the system of payment and accept the charges.

If the home help service is to be effective and adequate it must be flexible and not rigid, complying with the varying needs and demands made upon it, from personal attendance to general household duties. During the year home help organisers worked hard to achieve this by matching the most suitable home help to patient needs. It is important that the organisers should be out and about regularly visiting households where help is provided to update assessments, ensure there is no abuse of the service and above all supporting the home help in her work.

2. Staff

The establishment of assistant organisers was increased by one during the year making a total complement of six staff, including the County Organiser.

The year saw major staff changes. Mrs. P. Sharman, assistant organiser since 1964, died in July. Her death was deeply felt by colleagues and patients alike and her kindness and devotion to duty will long be remembered by all who knew her. Mrs. M. Hager, assistant organiser for the Wellingborough area since 1963, resigned in May. Mrs. P. Thompson was appointed to staff the new area office at Daventry and commenced duties in June. Mrs. B. Bell was appointed to the vacancy at Wellingborough and took up her duties on the 1st July. Miss R. Hubball joined the staff in September as assistant organiser for the Mid-Northants area and the urban areas of Rothwell and Desborough.

3. Training

(a) New assistant organisers, who had no previous experience of local government service, were each given a period of " in-service ' training under the supervision of the County Organiser. Observation visits were also made with district nurses, health visitors and mental health social workers.

(b) The annual " in-service " training scheme took place in March and was attended by 130 home helps. Courses took place at Brackley, Corby, Kettering and Wellingborough.

The syllabus included instruction on the following subjects:

(i) Elementary first aid, especially applicable to the elderly, and mouth to mouth resuscitation, presented by officers of the County Ambulance Service.

(ii) Simple nursing procedures. Demonstration by a team of district nurses.

(iii) Aids for the disabled. Mrs. R. A. Wyatt, occupational therapist.

By attending the courses arranged for them, home helps come to know their colleagues and gain a better understanding of the service they provide, all of which helps to dispel any feeling of working in isolation.

4. Statistics

The following table shows the categories of patients helped and the increase in cases over the past seven years.

Years	*Elderly aged 65 & over*	*Under 65 years*				*Total*
		Chronic sick	*Maternity*	*Mental disorder*	*Others*	
1963	1,227 (84.7%)	118	38	3	64	1,450
1964	1,297 (85.9%)	56	56	7	93	1,509
1965	1,361 (86.2%)	132	32	7	47	1,579
1966	1,475 (88.3%)	123	18	6	48	1,670
1967	1,524 (88.1%)	126	20	6	53	1,729
1968	1,580 (88.9%)	120	22	9	47	1,778
1969	1,641 (88.8%)	112	20	8	67	1,848

During the financial year ended 31st March, 1969, the cost of the service per 1,000 population was £227 and the cost per case was £48. These figures compare with national average figures of £352 and £48 respectively.

5. Decentralisation

In May, a team of Organisation and Method personnel were invited by the County Medical Officer to investigate the existing methods, procedures and organisation of the Home Help Service, and to make their recommendations accordingly.

Since the inception of the service, procedure for dealing with the clerical work has been by means of a central service unit situated at the County Offices, Northampton, where files relating to patients and home helps have been maintained and updated in accordance with information received from assistant organisers.

To facilitate the day-to-day work at area level it was necessary for a further set of patient/home help records to be maintained at district offices. With a working load of between 200 and 300 recipient families and 150-200 home helps in each area, this was essential for obvious reasons, apart from which it was necessary to provide relief organisers with a local working knowledge of patients currently receiving home help. Little or no clerical assistance was available and the updating of these records was carried out by organisers, taking up valuable time which should have been spent on district visiting.

Before conducting their investigations the team had interviews with the County Home Help Organiser and the senior clerk of the section in order to gain a basic understanding of the service. Following upon this the team had general discussions with clerical staff at County offices and also with Assistant Organisers responsible for the Corby, Kettering and Wellingborough districts. Liaison with the Chief Clerk of the Health department and visits to the County Treasurer's department regarding certain aspects of payment to home helps were also included in the inquiry into working procedures. Subsequently the team issued a report setting out a number of recommendations in accordance with their findings. The most significant and radical of these being—" that the clerical work of the Home Help Service be decentralised to remove the very considerable duplication of work at present existing and records to be maintained in the offices of the Assistant Organiser only, where they are required as a basis for their professional work ".

It was agreed that this and certain other proposals concerning day-to-day clerical work of the section should be accepted and acted upon. Accordingly the first step toward decentralisation was taken early in August when clerical records were transferred en bloc to the Kettering area office. The areas of Daventry, Corby and Wellingborough followed in succession and by 31st December the operation was completed.

During the transitional period new staff had to be trained in clerical duties, while other staff had to settle down in fresh surroundings. This was time consuming and considerably slowed down output of work, but even at this early stage it was evident that the allocation of 8 hours clerical assistance per week, as recommended by the Organisation and Method team in their report, would be insufficient to meet the needs of each area. Subsequently this allocation of hours had to be revised and increased to meet the demands of respective areas.

At this stage of the new arrangements it is perhaps a little early to report on the effective working of the decentralisation and comments should be left for future reports.

6. Field administration

With the appointment in June of a fifth assistant organiser, the creation of a new area office based at the Daventry Health Centre became possible, and added to the four offices already in being at Corby, Kettering, Northampton (County Hall) and Wellingborough. The establishment of the new area office enabled a re-distribution of case loads to be undertaken and also considerably shortened lines of communication which hitherto had been excessive.

7. Home helps and patients

Home helps are employed on a casual basis and recruited in accordance with the demand for their services. Payment is made at the hourly rate of 5/5¾d. Helps currently employed average 800 per week. The number fluctuates due to the fact that those employed in rural areas of the county often have to " stand by " until work is available for them, if the patient they are assisting is taken into hospital or dies. Throughout the year the recruitment rate was adequate,

but as in former years difficulty was experienced in finding staff to work in isolated villages, the perimeter areas of urban districts and of the County Borough. Where shortage of staff occurs everything possible is done to aid recruitment either by inserting notices in the press or the local shop. In some cases personal contact is made with members of voluntary organisations to act in a " grapevine " capacity.

While the organiser is responsible for administration and planning, home helps spend more time in the homes of the sick or aged persons than any other domiciliary workers and it is fitting that in this last report of the decade we should pay tribute to the work she has done and continues to do so conscientiously. The name " home help " has become synonymous with the best kind of service in the home, for it is her ability to understand, accept and cope with the demands which confront her that enable so many sick and ageing persons to remain in their own home.

As an example of the continuity of service given by a home help the following case history is provided by an assistant organiser. This particular instance is representative of the nature of service given to patients by home helps who fulfil a special need in the community.

Case notes on the provision of home help:

Accommodation	...	A small Victorian terraced house in an urban area.
Members of household assisted	...	3 persons, a married couple and the wife's spinster sister, all aged between 75-80 years.
Nature of disabilities	...	Mrs. ' A ', arthritic hip joint. Mr. ' A ', ageing and tottery. Miss ' B ', chronic arthritic, hands and feet.

Services requested by G.P. and commenced in:

March 1962	...	Mr. ' A ' was unable to cope any longer with general cleaning, 4 hours help was authorised.
September 1963	...	Mrs. ' A ' suffered a stroke and was confined to bed for a period. Hours increased to 6 per week to allow help with laundry.
February 1966	... ...	Mrs. ' A ' contracted pneumonia, daily help required, and the condition of the other two patients had deteriorated. Miss ' B ' now using a zimmer aid, hours increased to 12 per week. Home helps to provide dinners on days not covered by " Meals on Wheels" service.
August 1967	...	Family re-housed in modern council flat, Mr. ' A ' could no longer get up and down stairs. All patients now housebound.
March 1968	...	Mrs. ' A ' bedfast after a series of falls. Miss ' B ' finding it difficult to wash and dress herself. District nurse visits daily; hours increased to 14 per week.

October 1968	...	Mr. and Mrs. ' A ' admitted to hospital as night attendance became essential.
		Miss ' B ' remained at home with full support from home help who was also the only link with relatives in hospital (who have since died).
March 1969	...	Miss ' B ' admitted to hospital for rehabilitation as she could no longer walk, even with a zimmer aid.
August 1969	...	Miss ' B ' returned home for a trial period against hospital advice, home help resumed at 8 hours per week.
December 1969	...	Miss ' B ' attends hospital as a day patient twice weekly, and is provided with " Meals on Wheels " twice a week. All other duties are carried out by the home help.

During the period of assisting this household the home help regularly assisted other patients, working up to 18 hours per week.

SERVICES FOR THE MENTALLY ILL

Joint Social Work Scheme and Child Guidance Social Work

Mr. J. A. Ingram, Senior Mental Health Social Worker

During the year, approval was given for the integration of the Child Guidance Social Work team with that of the Joint Mental Health Social Work team. As part of this integration, the post of Senior Psychiatric Social Worker for child guidance, which already had a large training element was altered to that of Training Officer for the integrated service. It is hoped that this appointment will enable new recruits to the service to have more opportunities of in-service training and to have casework supervision. The first appointment of a social worker under this arrangement was made on 1st August to the North Team, working principally with Dr. B. S. Phillips.

In last year's report, the work of the social worker at Upton Lawn Day Hospital and the social worker with the pilot boarding out scheme was described. Although they provided a valuable service, it was found that the social workers concerned were working in increasing isolation. As this could have been detrimental to the service if it was continued, it was decided to bring these two functions within the team system. Social work for Upton Lawn was made the responsibility of West Team social workers and the boarding out function was divided between each team.

The other important development that has occurred in the staffing arrangements, has been that two of the teams have been found office accommodation in their own areas. North Team now has offices in the Stockburn Memorial Home, Kettering, and East Team is accommodated at 18a Oxford Street, Wellingborough. Although this has only been in operation a short time, six months for North Team and one month for East Team, there is evidence of the service being improved. Clients have been coming to the office directly and a closer working relationship has been established with the general practitioners, health visitors, social workers and voluntary agencies in these areas.

The national shortage of trained social workers continues despite the increase in the number of places available for training. It has not been possible during the year to recruit trained social workers for any of the Mental Health Social Work vacancies, but the staff who have been appointed have the necessary minimum academic standards required for entry to a professional social work training course.

Although the establishment was increased by two and this has helped to meet the ever increasing requests for help, the current establishment of 17 is still below the recommended staffing for a Joint Social Work Scheme which provides services for both hospital and community needs. This is especially so as two of the posts are filled by welfare assistant/trainees.

During the year the programme of seconding members of staff to the professional social work training courses has continued and Mr. B. F. Norman, Area Mental Health Social Worker for East Team obtained a place on the Psychiatric Social Work course at Manchester University and commenced his studies there in October.

The Department has continued to support full-time social work training courses by providing supervised fieldwork placements. Students have been accepted from the School of Social Work of Leicester University and Lanchester College, Coventry.

A descriptive evaluation of the mental health service as developed in the Joint Social Work Scheme was described in last year's report. It had been hoped that indices would have been found that could be used to measure accurately at least some aspects of the service; but although a good deal of time was given to this, none was found. Possible criteria such as the suicide rate or the rate of readmission of patients to St. Crispin etc., were shown to be determined by many variables, and therefore could not be used. One of the sets of figures kept by the Department are those requested by the Department of Health and Social Security. These measure two aspects of the work, the referral of new cases to the service and the caseload of the Department at 31st December each year. The number of cases is a poor index of work load as it gives no indication of the need in each case or of the variation in the type of service being given. However, the figures for the last four years show an increase in the case load.

	1966	1967	1968	1969
Case load as at 31st December	219	217	274	320

As the criteria for the recording of new cases was changed at the beginning of 1968 no long term comparison can be made of these figures.

The table below shows the number of new cases referred during the year with last year's figure in brackets.

	Mentally ill, psychopathic	*Subnormal and severely subnormal*	*Total*
REFERRED BY			
(a) General practitioners	154 (84)	4 (3)	158 (87)
(b) Hospitals, on discharge from in-patient treatment	101 (55)	3 (—)	104 (55)
(c) Hospitals, after or during out-patient or day treatment	78 (113)	9 (14)	87 (127)
(d) Local education authorities	5 (—)	10 (33)	15 (33)
(e) Police and courts	23 (16)	1 (2)	24 (18)
(f) Other sources	179 (94)	30 (12)	209 (106)
	540 (362)	57 (64)	597 (426)

Mention was made in last year's report of the work undertaken by Miss J. D. Elliott, mental health social worker, as a member of the psychiatric team developing new ways of providing care for the elderly mentally ill. She was one of the contributors to the article describing these arrangements which was published in the *Lancet* of 26th December 1969. Another experimental service which has been introduced in the area for improving the care available to the elderly has been developed at Kettering. This is the mobile psychiatric nursing team which is staffed by two senior psychiatric nurses from St. Crispin Hospital working entirely under the direction of two groups of general practitioners. This service is financed by research funds of the Oxford Regional Hospital Board and as part of the evaluation one of the mental health social workers in the Kettering area, Mr. N. J. Locke, is undertaking the necessary social assessments of the research and control groups.

This year has also seen the initiation of mental health social work clinics on a weekly basis at Daventry Health Centre and at the Stuart Road Health Clinic, Corby. As with the decentralised offices these clinics provide an opportunity of a closer working relationship with local general practitioners, health visitors, social workers, and voluntary agencies. It is work in these situations that demonstrates the increasing demand for mental health social workers to act in a consultative role and, as the Seebohm Committee indicated in the section of their report dealing with the mental health services, this is a need that will increase and a need that will have to be met if an effective service is to be provided.

Moray Lodge

DR. B. T. WILLIAMS, SENIOR MEDICAL OFFICER FOR ADULT HEALTH

Although competition for staff is intense as there are two local hospitals and a large factory nearby it has been possible to maintain a good level of staffing by the use of part-time staff. During the year periodic meetings with all members of the staff and one Senior Mental Health Social Worker have taken place in order to discuss policy matters and to help sort out particular difficulties of certain residents. It is now possible to review the first year's working of the hostel.

The hostel provides up to thirty places. The medical staff of psychiatric hospitals and geriatric hospitals, health visitors, district nurses, social workers and general practitioners were informed of the availability of the hostel for the care of elderly residents suffering from mental conditions of a severity which did not require their admission or retention in hospital. It was stipulated that patients who were bedfast or otherwise immobile, and those who were incontinent of urine or faeces were not to be considered suitable for admission because nursing and general attention was limited, particularly at night. However, any resident becoming incontinent or losing mobility would not be discharged from the hostel on these grounds alone.

Requests from outside agencies for admission of old people were considered by the Warden of the hostel, the Senior Psychiatric Social Worker, and the Senior Medical Officer for Adult Health. The referring agents were asked to state their objectives for the old person in seeking admission for them. The details of the working of the first fourteen months are as follows:

Referrals made according to whether accepted for admission, and by referral agency:

Referral agency	*Admitted*	*Not admitted*	*pending at 31/12/69*	*Total*
Psychiatrist	15	8	2	25
Mental health social worker ...	17	8	1	26
Geriatric physician	7	18	2	27
General practitioner	1	4	2	7
Other (including public health nurses, welfare dept., social workers and agencies outside county)	4	5	1	10
	44	43	8	95

The agencies whose referrals were most often accepted were the hospital psychiatrists and the mental health social workers. This is understandable as the joint mental health social work scheme operated by the hospital and local authority, would be expected to promote the exchange of knowledge about the function of the hostel.

The reasons for not admitting 43 of the 87 referrals dealt with are given below:

Patient referred was a man	6
,, refused offer of place	10
,, died before admission procedure completed ...	4
,, considered more suitable for Old Persons Home ...	6
,, incontinent	5
,, too ill or disabled	6
Other reasons	6
Total ...	43

The slow build up of referrals of old people presented the opportunity of accommodating, on a short-term basis, younger mentally ill or subnormal adults for whom other hostel provision was not available or for whom hospital admission was undesirable; at the same time the effect on the older residents of having younger people living in their home was observed. The Warden reports that the result was generally favourable. In particular the younger residents took an interest in and stimulated those who were older.

Two of the residents admitted were male. One, a mentally disordered old man, had a wife who herself was in need of welfare accommodation. It was arranged, therefore to accommodate both husband and wife. The man died during the course of the year after which his wife transferred to an old people's home. The younger man stayed only one night.

The age range of those admitted was as follows:

Age group	*Number*
0 - 19 years	3
20 - 29 years	5
30 - 39 years	1
40 - 49 years	2
50 - 59 years	2
60 - 69 years	12
70 - 79 years	12
80 or over	7
	44

The aims of the referral agencies for those taking up residence fall into two broad groups —those seeking a permanent " sheltered " residence for their patients, and those seeking short term facilities such as may be necessary to help a patient to adjust to life outside a hospital, or to give relief to a family who are burdened by the care of their elderly relative. This distribution of the stated aims of the referees was as follows:

Long term care	29
Short term care	15
	44

Those admitted for short-term care included the male admitted for one night only as a trial of hostel accommodation, who declined to stay longer; two old people accepted on a sharing basis one with her family and the other with St. Crispin Hospital; and the infant daughter of a young mentally disturbed woman admitted while alternative residential arrangements were made following the break-up of the marriage.

The elderly, when admitted, were more likely to have been referred with a view to permanent residential care whereas the young and middle-aged were admitted with the aim of spending a short transitional period in the hostel.

Stated aims of referring agencies according to the ages of patients accepted:

	aged 60 *or over*	*aged* 50 *or under*
Short term care	5*	10
Long term care	26	3

*including two " sharers ".

Outcome:

Of the 44 residents admitted to the hostel, 26 were still in residence at the end of the year; 3 old people died in the hostel; 6 were discharged to a hospital where 3, all elderly, died soon afterwards; one old person took an overdose of aspirin in the hostel and died the following day in hospital; 6 were discharged home or to a relative; one was discharged to an old people's home; and one, a young mentally disordered woman, discharged herself from the hostel.

How successful was the hostel in fulfilling the aims of those who referred 15 residents for short-term care? Of these 15 two were admitted on a sharing basis which was continuing at the end of the year, of the remaining 13, one, an elderly mentally disordered woman had clearly become a long-term resident; two young women were still in residence more than six months after admission, while one other young woman was still in residence one month after admission. Of the 9 other " short-term prospects ", three stayed only one night, one stayed for one week, one stayed for one month; two stayed for 2 months; one stayed for 3 months; and one for seven months.

SERVICES FOR THE SEVERELY MENTALLY SUBNORMAL

Mr. E. Towning, Senior Mental Health Social Worker

1. Children

There have been tremendous advances and changes brought about in training centre schools over the last few years; facilities have been brought into line with, and at times surpassed, those of modern junior schools; what started as simple day minding has gradually changed to a syllabus of social play and educational training. The statement that the responsibility for educating mentally handicapped children was to be transferred from Health to Education Department and that legislation towards this end would be introduced during 1969 was welcomed by educationalists and parents association. The old concept of ineducability will finally disappear, but no-one is sure what the change is going to mean. There is no doubt, however, that the facilities which this authority has provided for the children and the parents of the mentally handicapped in this county over the past few years of modern training centre schools, the counselling given by the consultants at the schools and clinics, liaison with paediatricians and general practitioners, parent teacher associations and societies for mental health have been facilitated by the fact that the services have been provided under the umbrella of the Health Department. The time for change has come, and it is to be hoped that progress in the provision of services will continue under the Education Department.

Due to the development of this service which has taken place in the past twenty one years, every mentally handicapped child in the county from the age of two to sixteen years can be placed in a purpose built school. Attendance at these schools is clearly desirable for all children so that they benefit from an appropriate form of tuition. The dividing line between ineducability and suitability for education at school is not a rigid one, and it is particularly desirable that those who have formerly been classified as ineducable should be given every opportunity to develop their abilities in the hope that the decision that they are unsuitable may, in time, be reversed. There must be considerable interchange between schools and this may be one of the advantages accruing from the transfer of these schools to the Educational Department. There is no doubt that having suitable schools adequately provided with equipment has made it much easier for parents to accept the decision to place a child in one of these schools. The help given to them in the early years when anxiety and fears are the greatest, helps them to keep the child at home and to avoid seeking the only other remedy of asking for long term care in hospital.

One of the major events that all schools participated in this year was the art exhibition held in the art gallery of the museum in Northampton, from 21st March to 8th April. The mentally handicapped children of the Northampton Borough School joined with us in this, and the children of all the classes entered very fully into the spirit of preparing their entries for exhibition. An independent panel of judges was selected to choose 113 exhibits. This was opened by Lord Segal of Wytham, Chairman of the National Association for Mentally Handicapped Children. All exhibits were on offer for sale at the end of the exhibition, 56 of them were sold varying in price from 5s. to 3 guineas, the money going to the children who prepared the exhibits. It was recorded by the curator of the museum that 4,834 people visited the exhibition.

Under the medical direction of Dr. J. de Bastarrachea, the Medical Director and Consultant Psychiatrist of the Wyvern group of Hospitals and his colleague Dr. D. N. Balsekar, Consultant Psychiatrist, counselling and out patients clinics were maintained for all who required these services throughout the county. Dr. H. G. Smyth was appointed in November as the Clinical Director of the Princess Marina Hospital. Children continued to be admitted to the Colton Ward, Rushden Hospital and the older patients to the Wyvern Group of Hospitals.

Dallington Park School

Mrs. P. Redley, Head Teacher, reports that the attendance throughout the year has been very good though the children under five have been attending on a part time basis and it has been encouraging to note the progress made from the result of training at this early age. Following a visit by a group of senior pupils from Moulton Secondary School a very good relationship was built up by a number of them going in to help in the activities at the school. Four girls came regularly on two days each week and three boys on one day and this has enabled assistance to be given where needed by the way of individual tuition to some children, but generally the whole school has benefited by the social contact made and the practical assistance given. Much interest was aroused in the Moulton area from which these senior pupils came and a sponsored walk was arranged by the pupils themselves and the school made a gift of soft toys to our children. This was followed up by a Christmas visit when the children from the school went to the Moulton Secondary Modern School to receive these gifts and it was interesting and noteworthy to see how easily our children were accepted at the Moulton school.

Several visits were made to other social functions for educational and social training by chosen pupils. The parent teachers association has continued to meet regularly once a month and has given the staff and children support in every possible way. The school year closed with a Christmas play for the parents.

Forest Gate School, Corby

Mrs. E. E. Cocker, Head Teacher, reports that the year started with three successive weekly visits from students attending the Corby annexe of the Leicester College of Education for Teachers and later two students from the Nottingham Training College for Teachers of the Mentally Handicapped were given work placements. The major efforts of the spring term were directed towards preparation of the art exhibition held in Northampton in March. The swimming group has been restarted with the assistance of members of the local police and transport is now provided each session by the generosity of the Corby and District Society for the Mentally Handicapped. Regular weekly visits from the senior girls of the Samuel Lloyd Secondary School who have volunteered to work in the school, helps the children considerably in making relationships with people outside immediate family and school circles. Exchange visits have been made between groups of our children and those of the Firdale E.S.N. School. To further the social training, a friend of the Society invites a small party of the children to her home nearby to coffee once a week, with the help of other volunteer workers, it has been possible to start a Youth Group at the Corby Youth Centre one evening a month. There were many special occasions during the year, the one that seemed to be enjoyed as much as any was an open evening during May when all the parents were invited to a meeting to hear an address by the Medical Director of the Wyvern Hospital Group, Dr. J. de Bastarrachea. His talk has been the source of much discussion by the parents at subsequent meetings. The year finally came to a close with a Christmas Concert by the children of the school.

Henley School, Kettering

Miss H. E. Griffin, Head Teacher, reports that the number of children attending at the end of the year was sixty-two though there had been a total of 76 children through the school. Among the school leavers at sixteen it has been possible to place one girl in the shoe industry and two boys in other work. The help of the voluntary workers enables us to expand in various ways, particularly in games and also in keeping hygiene at a high standard, the ages of the volunteers ranges from thirteen to sixty. Especially useful has been the attendance of three members from the senior class of the secondary modern school each week. The keynote in teaching was the emphasis placed on the need to help each individual child to achieve his basic needs and skills, to be as self reliant as far as possible and to make himself socially acceptable. The parent teachers association has played an important part and there have been many open evenings and the professional visitors to the school have been numerous. Work placements have been given to two students from the Nottingham Training College for Teachers of the Mentally Handicapped. This is a useful way of bringing discussion into the school on new developments in teacher training.

The children were taken to many local places on social visits, and once again were entertained by the Rockingham Road Secondary Modern School to a concert and tea. Of the many functions during the year none was enjoyed more than the Art Exhibition, the preparation and material used for modelling gave great satisfaction and the end product was one proud achievement for pupils, parents and staff.

Fairlawn School, Wellingborough

Miss B. V. Miller, the Head Teacher, reports that the second year in the new building has been a difficult one, mainly due to more children being admitted than was anticipated due to new town development. Work with the children continues to progress in social training, basic skills and free activity play. Four of the groups in the school for young children being run on nursery school methods. The nursery classes cater for several children with multiple handicaps. The two other groups of children receiving more formal lessons. Physical education, games and sport are both firm favourites with both girls and boys in these two groups, hence the school once again obtained the Shield for the 5th year in succession by winning the inter-school sports.

With an increase in staff during the year, it has been possible to reduce the number of children in each class which necessitated forming an additional classroom in part of the practical room. Three students from the Nottingham Regional College of Technology did their practical training sessions at the school during the year. Various social trips have been organised, the one to the zoo seemed to be enjoyed most.

The parent teacher functions arranged in the school were very well supported as also was the very successful autumn fayre. During the year any child who was in the attached Fairlawn Hostel for short term care and would benefit by attending the school, has done so. Training has also been given to five children from the Colton Ward for the mentally handicapped at Rushden Hospital.

Fairlawn Hostel, Wellingborough

Miss B. Upton, Matron, reports that during the year there have been 171 children admitted for varying periods of short term care, some of the children on more than one occasion.

Admission is given where it is thought the child would benefit from the stimulation provided, in cases of sickness of parents within the home, admission of parent to hospital or holiday purposes and application for admission is increasing as parents realise the benefits of a break and that their child is adequately cared for and happy. They are received from the whole of the county, parents being responsible for transport except in exceptional circumstances. Any child in residence who previously attended a junior training school was admitted to Fairlawn School for a period of their stay. Local voluntary interest has been maintained and a group of young people arrange a rota to play with the children.

Staff

Forest Gate School

During the year Mrs. J. Patrick of Forest Gate School returned having obtained the Diploma for the Teachers of the Mentally Handicapped. With an increase in the number of children in the nursery group, a further nursery nurse was appointed.

Henley School

Mrs. Graham of the Henley School started her training course for the Diploma for the Teachers of the Mentally Handicapped in autumn at the Nottingham College and Miss G. D. Hart was appointed in a temporary position for the duration of her course.

Dallington Park School

Miss C. Elms joined the Dallington Park School staff as a teacher on the resignation of Mrs. Hanley.

Fairlawn School

At the Fairlawn School there have been two additional appointments made due to the increase in the number of children attending. Three members of staff resigned during the year who were replaced.

Fairlawn Hostel

Miss Curtis, resident housemother, left to take up a teaching post and was replaced by Miss Redden.

Numbers attending Junior Training Centres

		Under 16	*Over* 16	*Total*
Dallington Park School, Northampton	Males	29	—	29
	Females	23	—	23
		52	—	52
Fairlawn School, Wellingborough	Males	45	—	45
	Females	29	—	29
		74	—	74
Forest Gate School, Corby	Males	43	1	44
	Females	23	3	26
		66	4	70
Henley School, Kettering	Males	34	—	34
	Females	28	—	28
		62	—	62
Banbury Junior Training School	Males	2	—	2
	Females	1	—	1
		3	—	3
Total under training		257	4	261

2. Adults

The opening of an adult centre in rented premises at Doddridge Memorial Church, Northampton in September means that there is a training unit in all the main areas of the county which is accessible to those who can attend by daily travel and it is therefore possible to offer places to all who would benefit by attendance. Having caught up with the back log, it is now possible to assess more easily the number of places required each year for those leaving the junior training centre schools. The only unknown quantity are those leaving E.S.N. schools who will require a certain amount of training and who have to be allowed for on a percentage basis. The present policy of maintaining the younger ones in the community rather than in hospital care, and also the fact that many more are living to a more mature age, means that more places will be required in adult workshops. This will be equally true regarding hostel care which may have to be provided at a later age, when, for example, the parents are too old and need caring for themselves, or on their demise. Whilst the parents, when aged can be cared for in old people's homes, limited facilities are offered to the mentally handicapped, and unless this is provided by a local authority those who have lived quite well in the community for the greater part of their lives would have to be considered for hospital care, although not in need of this, because of the lack of alternative accommodation.

Corby Adult Training Centre

Mr. R. G. Hicks, the Supervisor, reports that over the past twelve months a balanced programme has been maintained in social and industrial therapy. The difficulty of obtaining

out-work from within the boundaries of Corby has proved quite a problem. This is due to the fact that employment for men in Corby is mainly for iron and steel and that the few smaller industries for women have a very great labour market to draw from and find no necessity to send work out. The main job we have been able to obtain within Corby is sorting, counting and bundling gaskets, but the industrial therapy has been kept going by the assembling of golf studs and television aerial brackets, which are supplied by the co-operation of the Northampton Cliftonville Centre.

The number of trainees on the register was 28, 17 females and 11 males. Approximately 60% travelled on public transport.

Henley Industrial Unit, Kettering

With the opening of the new centre at Northampton, Miss Caswell was transferred as supervisor in September and from then Mr. D. A. Beale was appointed in overall charge of the Henley Unit.

He reports that at the commencement of the year the number of trainees on the register was 73 rising towards the end of the year to 81, and this number is the largest catered for since the commencement of the unit in 1963. Attendance throughout the year was very good. Intake of trainees numbered 22 and 14 left the unit for the following reasons. Seven trainees went into industry, one to attend at the Colton Ward, Rushden Hospital daily, one returned home who had previously been in the Hostel, one transferred to Moray Lodge and four transferred to the Adult Centre at Northampton.

Members of the Health Committee visited quarterly and visits from various organisations and committees were numerous, including doctors, nurses, students, welfare officers, teachers, police cadets and senior school children.

Pocket money was increased during the year to the maximum of 10s. per week. This is divided into 3s. 4d. per week attendance and 6s. 8d. per week as an incentive bonus depending upon punctuality, behaviour and application.

An official visit was made by Her Majesty's Inspector of Factories and his recommendations were carried out; the usual medical inspections under the Factory Act for all under 18 years old were held twice during the year. Without exception one kind of out-work or another has been continuously supplied throughout the year from local industries, contract work consisted of plastic trimming, assembly and packing, assembly of cardboard box dividers, mica grading and sorting, nurses sterilised packs, puzzles trimming and packing, plastic pak making, gasket sorting and packing all sizes, fibre washer manufacture, fibre washer packing, asbestos roll manufacture and packing, crepe sorting, woodwork products. Small articles of clothing from the Hostel are all done in the workshop laundry. Social training for outside employment has continued throughout the year and as much encouragement as possible for trainees to participate in duties in the town is given.

The cafeteria method of using the dining room, as a training medium, has proved very popular as also is the small shop run by the trainees. To complete the year's work the trainees annual Christmas dinner was held at the George Hotel and on this occasion the Corby and the new Northampton Adult Training Centres were able to join in this celebration making the total number who sat down to dinner 128.

Doddridge Memorial Adult Centre, Northampton

Adults in the southern area of the county attended the County Borough training centre.

However, due to an increase in the number of places required by the County Borough, it was necessary to make other arrangements. It is an especially difficult area to cater for, as it serves an 18 mile radius. Accommodation was found by renting a suitable church hall in the Doddridge Memorial buildings and in September this was opened with 20 trainees, 8 of them being withdrawn from Cliftonville. Miss F. Caswell was appointed supervisor, with Mr. J. Batchelor as her assistant.

In the three months since the opening, the unit has settled down well and a very happy atmosphere prevails. A programme of social and industrial training has been started. The Cliftonville Unit helped considerably with the out-work and will do so until the Doddridge unit has built up its own supplies.

The midday meal is provided from the Dallington Junior School by containers. So far all trainees travel on hired transport as the facilities for public transport are so difficult.

Staff

Henley Adult Unit

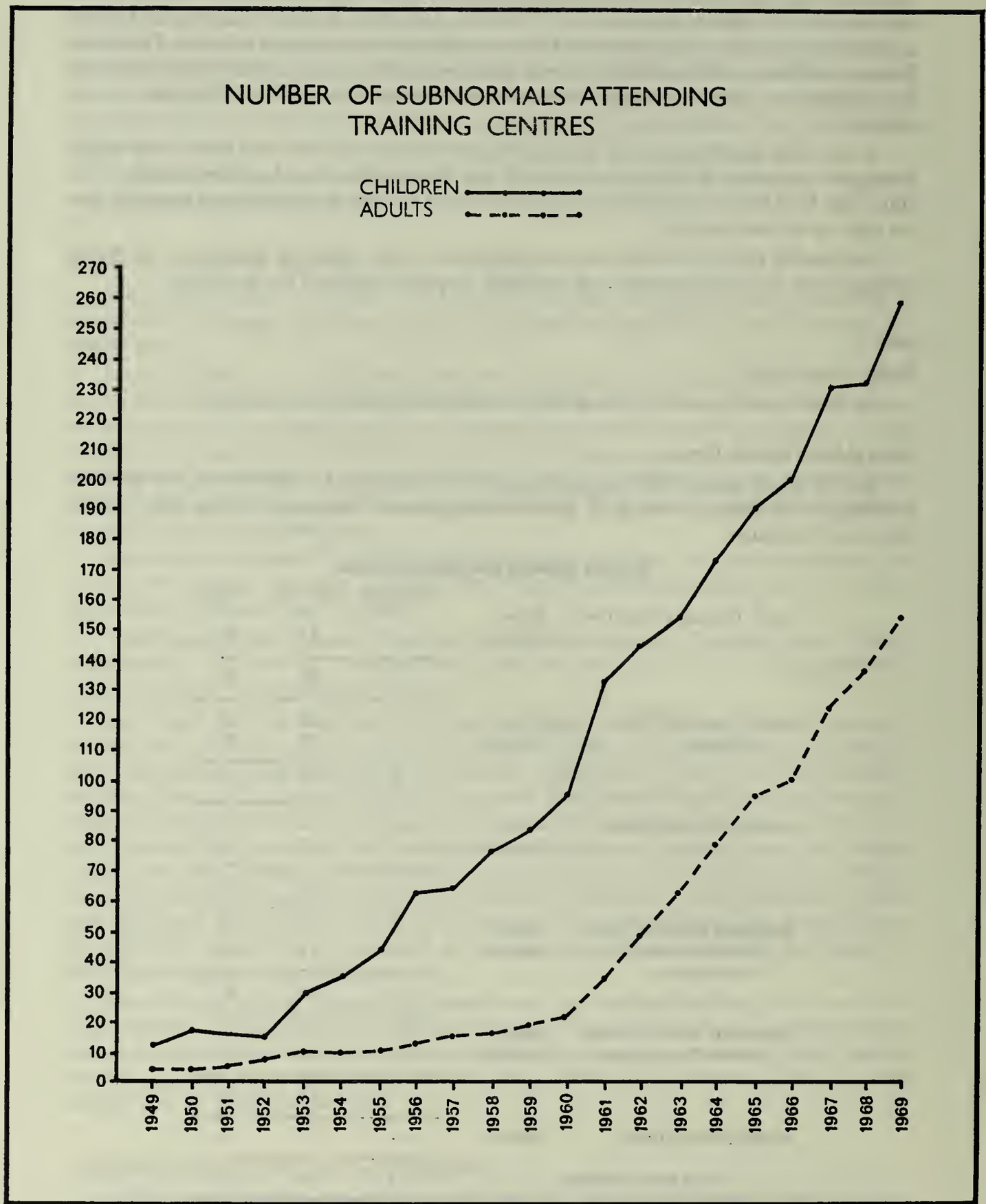
On Miss Caswell's transfer, Mrs. M. Chree was appointed to fill the vacancy.

Corby Adult Training Centre

Mrs. J. White started her training course for the Diploma for Teachers of the Mentally Handicapped at Bilston. Miss K. P. Gifford was appointed temporarily during Mrs. White's absence on the course.

Numbers attending adult training centres

		Under 16	*Over* 16	*Total*
Adult Training Centre, Corby	Males	—	11	11
	Females	—	17	17
		—	28	28
Henley Industrial Unit, Kettering	Males	2	46	48
	Females	1	32	33
		3	78	81
Banbury Training Centre	Males	—	8	8
	Females	—	2	2
		—	10	10
Doddridge Memorial Adult Training Centre, Northampton	Males	—	9	9
	Females	—	14	14
		—	23	23
Cliftonville Adult Training Centre, Northampton	Males	—	4	4
	Females	—	7	7
		—	11	11
Rugby Training Centre	Females	—	1	1
Total under training		3	151	154


NUMBER OF SUBNORMALS ATTENDING
TRAINING CENTRES
CHILDREN
ADULTS
270
260
250
240
230
220
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
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AMBULANCE SERIVCE

(Section 27, National Health Service Act, 1946)

MR. P. H. J. WILKINSON, COUNTY AMBULANCE OFFICER

1. Twenty-first Anniversary

The 5th July 1969 saw the completion of 21 years of the National Health Service and it was felt that a celebration should be held to mark this milestone in the history of the ambulance service. This was given considerable publicity in the local press; all ambulance stations were opened to the general public during the afternoon of 5th July and to commemorate the occasion. the Council gave a trophy to be held annually by the runners-up in the inter-station competition, In addition Mr. L. H. Wicksteed, County Councillor for the Kettering (St. Peter's) Division and a member of the Health Committee, donated a cup which will be known as the "Wicksteed Trophy" to be competed for annually in the individual attendant's test of the competition. To complete the celebrations, a dinner was held in Northampton for the ambulance staff and their wives to which the Chairman of the County Council, Mrs. D. P. Oxenham, C.B.E., J.P.; and the Vice-Chairman, Mr. A. C. A. Colton; the Chairman of the Health Committee, Mr. G. J. Roberts, J.P.; and the Vice-Chairman, Mr. C. Stewart; together with members of the Ambulance Sub-Committee and chief officers of other departments were invited. Many tributes were paid by the various speakers to the high standard of service.

2. The past year has seen some considerable advancement with the introduction of a new wage structure for ambulancemen, interim training courses, the award of proficiency certificates and the setting up of the Ambulance Service Advisory Committee by the Department of Health and Social Security. The Council is fortunate in that Mr. A. C. A. Colton, is a member of the Advisory Committee.

3. Demands on the service continue to increase significantly although restrictions on expenditure cause difficulties in meeting these demands. While all emergency calls are dealt with quickly, the out-patient service has had to suffer delays, and long circuitous routes for some patients travelling to and from hospitals are inevitable. Following circular NM.192A dated 6th June 1969 proposing a productivity agreement for ambulance workers, the Clerk of the Council was requested by the County Medical Officer of Health to allow the management services unit to carry out a detailed survey of the service and their report is eagerly awaited, since it is felt that this report will show the need for an urgent increase in operational staff.*

The greatest problem facing the service is the increase in the number of patients attending geriatric and psychiatric day units, of which a geriatric unit at St. Mary's Hospital and a psychiatric unit at Mayfair were opened in Kettering during the year. These units throw a heavy strain on the service in that area each morning and late afternoon, at those times when out-patient demands are at their highest.

*This report was subsequently presented to the Health Committee in June 1970.

4. Work undertaken

The following table summarises the work of the year, and the graph (p. 80) shows the trend for the past nineteen years.

	No. of patients carried				*Mileage*
	Accidents or emergency	*Out-patients*	*Others*	*Total*	
County Council service	10,733	140,329	15,151	166,213	996,187
Agency service equipped with radio-telephony	10	730	485	1,225	25,333
Other agency services	24	—	1	25	571
Hospital car service	1	2,209	451	2,661	70,390
Totals	10,768	143,268	16,088	170,124	1,092,481
Patients conveyed by train				488	36,029

The total number of patients increased by 9,748 over the 1968 figure and the total mileage increased by 30,834.

Out-patients accounted for 84.2% of the total patients carried compared with 83.6% in 1968. Accidents and emergencies accounted for 6.3% of the total patients compared with 6.2% the previous year.

5. Major Disasters

Although there have been no major incidents within the County two accidents necessitated the implementation of the first stage of the disaster plan, which was later called off. The first incident occurred on the M.1. Motorway on 4th October 1969 when a coach left the carriageway just south of Collingtree and rolled onto its side. 44 casualties were conveyed to Northampton General Hospital and the site was cleared in 48 minutes. The second incident occurred on 31st December when a passenger train from Coventry travelling to Euston collided with a derailed goods train north of Roade station. The number of casualties was few and all were discharged home after treatment at Northampton General Hospital. Unfortunately the driver of the passenger train died before he could be released from his cab. Although nine ambulances were on the scene within twenty minutes of receipt of the initial call, it quickly became apparent that the incident was of a minor nature and stand-down was effected without detriment to other demands on the service. The incident has however drawn attention to the problem of train disasters in railway cuttings; this one was some 80 to 90 feet down from the nearest bridge on a country lane or track and a careful study will need to be made in order to provide the answer to the removal of stretcher cases in this type of situation.

6. Motorways

Emergency calls from M.1 and M.45 motorways totalled 130. The accidents produce a considerable strain on ambulancemen at the scene. Last year on two separate occasions a fireman and a police officer were killed and one ambulanceman was knocked down and injured. Experience has shown that constant vigilance is required on the part of ambulance crews, not withstanding the fact that safety jackets are worn at all times. There appears to be little regard on the part of some drivers on motorways for police warning signs. One accident can

produce a series of incidents stretching back along the motorway some half a mile or more and consideration will need to be given to improving communications between the ambulance staff on the scene.

7. Vehicles

One additional sitting case vehicle was authorised for the Kettering station bringing the establishment of the County to 47. The introduction of the Ford Transit model within the fleet has provided a modern ambulance, of which we are justly proud. This ambulance has a clean spacious interior fitted with two trolleys and provides accommodation for two stretcher or eight sitting cases. The suspension and twin rear wheels provide a greater degree of comfort and road safety than has been experienced hitherto and in future to obtain an even smoother ride, new ambulances will be fitted with automatic gearboxes. The new sitting case vehicles are standard Ford Transit Custom 'buses converted for ambulance use by fitting a raised roof giving an interior height of six feet, a built-in fold-down rear step and provision for a stretcher in an emergency on the floor in the centre gangway. These vehicles will carry eleven sitting cases and the cost is approximately half that of the conventional ambulance on the same chassis. It is too early to comment on their operation but if they prove reliable and economical in service, the fleet may well be standardised on two-trolley ambulances and 11-seater sitting case vehicles.

8. Special duties

Arrangements have been made for ambulances to be available on demand by the two maternity units, (i.e. Barratt Maternity Home, Northampton and St. Mary's Hospital Maternity Unit, Kettering) to convey the " flying squad " obstetric teams and their equipment to domiciliary confinements in an emergency. In addition portable premature baby incubators and midwives are taken out from the various maternity units as required.

9. Staff

Two additional ambulancemen were appointed, one at Kettering and one at Rushden, bringing the establishment of operational staff to 83.

Twelve drivers attended training courses organised by the Leicestershire County Council, eight on the short 2-week courses and four on the 6-week courses, all of whom passed their examinations. This training has done much to improve the efficiency of the service. It has up to now only been possible to send staff with less than five years' service, but it is hoped that courses for the longer serving member will be available within the next year to ensure that they do not fall behind their younger colleagues in knowledge and modern techniques.

Station Officer R. W. Webb who attended an instructors' course last year has been appointed part-time Training Officer and it is anticipated that some ad-hoc training will be shortly provided by him for longer serving members of the service. To assist him in this task, a local instructors' course for certain station officers and shift leaders was held during June. Of the eleven who took the course only four were successful in passing the examination, which was devised to test their ability to prepare and deliver two short lessons. The results were disappointing, but in view of the high standard demanded were perhaps not unrealistic. A further local course for those who qualified will need to be held to acquaint them of the new instructors' notes recently issued by the Department of Health and Social Security.

Following the " Millar " Working Party on training of ambulance staff, a revised wage structure relating to the standard of training, type of duties, experience and an assessment of competence came into operation on 30 June.

Under the new structure, subject to an assessment of competence over the whole range of duties, staff with over five years' service on operational duties became fully-qualified without further training. Staff with under five, but over two years' service were required to attend a course of at least two weeks' duration and staff with less than two years' service had to attend an approved six-week course and have at least one year's service to become fully-qualified. The staff covering the whole range of duties were re-named " ambulancemen " and newly-appointed staff " trainee ambulancemen " until they became fully-qualified.

The new structure also provided for the employment of staff who do not cover the whole range of ambulance duties, such as sitting-case driver/attendants, but only fully-qualified staff or staff who are in the process of qualifying are employed by this Authority.

All the existing staff with over five years' service were assessed as competent and became fully-qualified ambulancemen.

10. Establishment

At the end of the year the establishment and distribution of staff and vehicles was:

(a) **Headquarters**

County Ambulance Officer
Deputy County Ambulance Officer
3 Control Officers
4 Assistant Controllers
2 Part-time telephonist/clerks (equivalent to one whole-time)

(b) **County Council Service**

STATION	VEHICLES	*Station Officer*	*Shift Leaders*	*Ambulance-men*	*Total*
Brackley ...	4	—	1	5	6
Corby	6	1	3	7	11
Daventry ...	5	1	3	5	9
Kettering ...	8	1	4	11	16
Northampton ...	5	1	4	8	13
Oundle	2	—	—	3	3
Rushden ...	4	—	2	5	7
Towcester ...	4	1	1	5	7
Wellingborough ...	6	1	3	7	11
Reserves ...	3	—	—	—	—
	47	6	21	56	83

(c) **Agency services**

STATION	VEHICLES	STAFF
Islip	1	Part-time and volunteers

These services were supplemented by the Hospital Car Service.

The agency service at Islip continues to be used on a regular part-time basis but the agency arrangements with smaller organisations at Desborough, Irthlingborough and Raunds, which relied upon staffing by volunteers, was terminated on 31st March.

11. A survey of patients taken to hospitals suffering from an overdose of drugs was undertaken and ambulance staff were required to complete a form giving details of the patient, the drugs taken, and treatment given in the ambulance. These cases were followed up within the hospitals. The results of the survey are not yet available but it is hoped that they will enable additional guidance to be given to the staff in the treatment and conveyance of such cases.

12. Uniform

The Millar Report recommended that the ambulance service should be supplied with a uniform which would be easily recognised by the public but obviously it will be some considerable time before agreement is reached on a national level. For many years the staff have been supplied with an identical uniform to that of the undress uniform of the fire service. This consists of a double breasted reefer jacket which is cumbersome to wear and inclined to be too hot in a heated cab. Consideration was therefore given to the provision of a new uniform and eventually it was decided to adopt one similar in style to that worn by the London Ambulance Service. This consists of a single breasted modern tunic and slim trousers, made of light weight blue-grey serge worsted material. The uniform will be distinctive and easily recognisable particularly when staff are working at incidents with the police and fire services. Officers will continue to wear the traditional army officer type of uniform, but of blue-grey barathea material. Caps and raincoats will be of the same colour. When this change was made, the Northampton County Borough Council decided similarly to adopt this style and colour, and together with Buckinghamshire County Council, who changed the previous year, a joint purchasing contract covering a period of three years has been arranged for the three authorities through this department.

13. Competitions

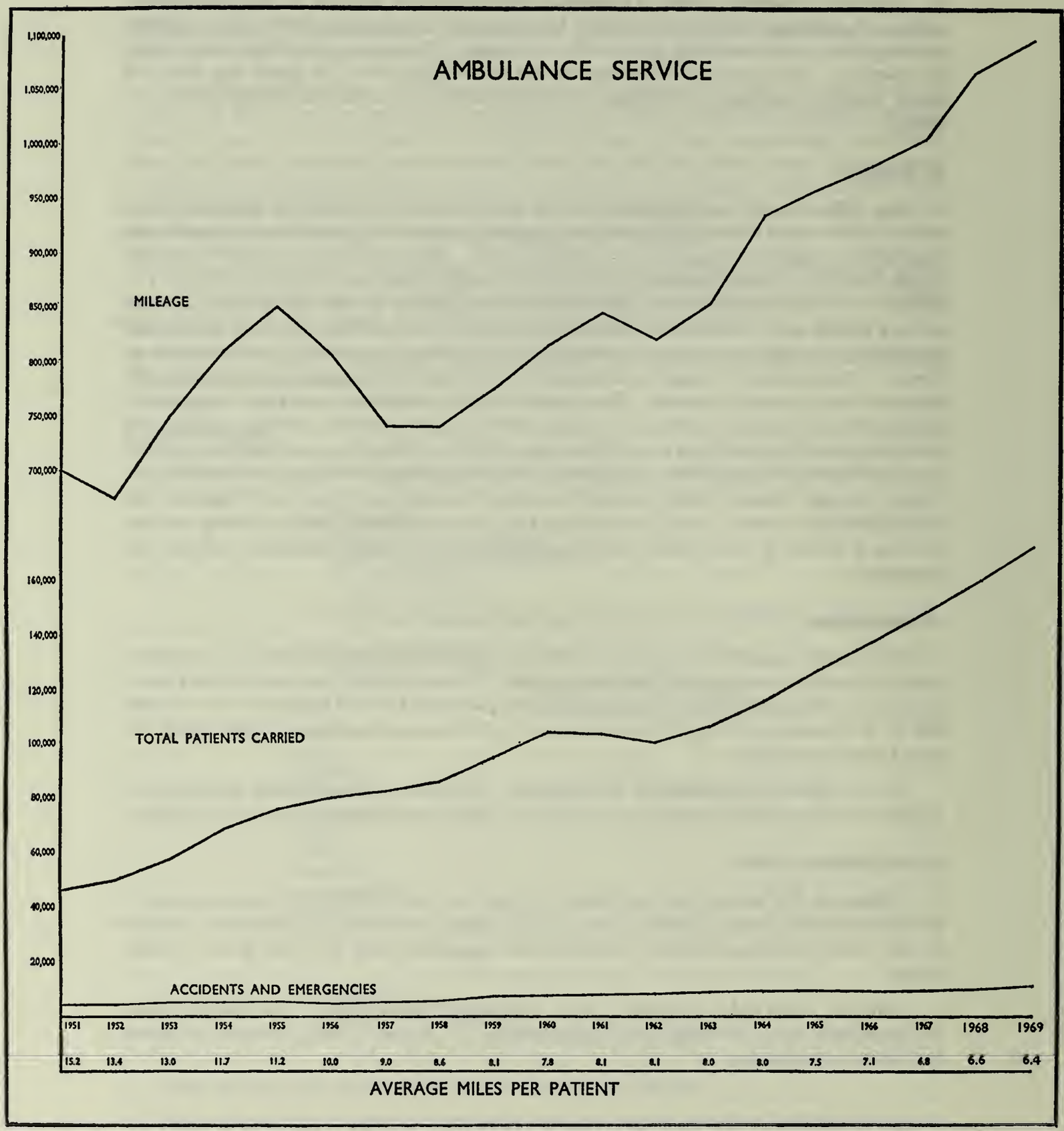
The County competition was held at Kettering on 26th April and for the third successive year was won by a crew from the Daventry station. A special plaque was given by the County Council to commemorate this success and this was presented by the Chairman of the Council. Mrs. D. P. Oxenham, C.B.E., to the winners at the 21st Anniversary Dinner. The runners-up were a team from Corby.

In the regional competition at Northampton, organised by the National Association of Ambulance Officers, the Daventry team was placed second out of the eight teams which entered.

14. Educational activities

Officers of the service have continued to give first aid lectures and demonstrations at in-service training sessions of district nurses, health visitors, home helps and teachers. Lectures on the service and demonstration of vehicles and equipment have also been given to police cadets.

Talks on " First Aid in the Home " and " Expired Air Resuscitation " have been arranged, in consultation with the Health Education Organiser, for Mothers' Clubs, Women's Institutes and similar organisations.


AMBULANCE SERVICE
1,100,000
1,050,000
1,000,000
950,000
900,000
850,000
800,000
750,000
700,000
MILEAGE
160,000
140,000
120,000
100,000
80,000
60,000
40,000
20,000
TOTAL PATIENTS CARRIED
ACCIDENTS AND EMERGENCIES
1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969
15.2 13.4 13.0 11.7 11.2 10.0 9.0 8.6 8.1 7.8 8.1 8.1 8.0 8.0 7.5 7.1 6.8 6.6 6.4
AVERAGE MILES PER PATIENT

INFECTIOUS DISEASES

1. Notifications

The diseases notified during the year are shown in tabular form on page 82.

Compared with 1968 the total number of notifications decreased by more than 11% due largely to the decrease in the incidence of measles. There was, however, a large increase in the number of cases of infective hepatitis which, as shown in the following table, was particularly marked in Corby. It is also interesting to note that the number of cases of infective hepatitis in Kettering increased from 17 in 1968 to 117.

The number of cases of respiratory tuberculosis notified was approximately the same as in the preceding year.

	Infective Hepatitis	
	Corby Urban	*Administrative county*
1963	10	74
1964	11	32
1965	40	115
1966	12	42
1967	8	128
1968	87	192
1969	155	354

2. Vaccination and Immunisation

(a) Control of immunisation by computer

The scheme implemented in January 1968 for the control of immunisation by computer continues to function successfully. There are 280 family doctors practising in the County, of whom 134 participate in the scheme. The majority of the doctors who do not participate, however, practice mainly outside the County and 91% of the children living in this County are included in the scheme.

General practitioners are also assisted in maintaining an accurate record of vaccinations carried out for children on their health service lists, as the computer is programmed to produce course completed cards in respect of those children who have received a complete course of vaccinations. These cards will be sent to the family doctor for inclusion in his records.

Although the existing programme works well, it is hoped that a new programme will be prepared in the next year which will include modifications based on experience in the past which will enable the scheme to operate with improved efficiency.

(b) Triple immunisation and poliomyelitis vaccination

During the year, 5,085 children received a primary course of triple vaccine and 5,403 received a primary course of poliomyelitis vaccine, compared with 2,746 and 4,088 respectively in 1968. The numbers of children completing the primary courses in 1968, however, were unusually low, due to the revision of the schedule of immunisation. Children totalling 2,647 were given booster doses of triple antigen; the fall in numbers from 5,194 in 1968 is due to the fact that under the new schedule of immunisations a booster dose at fifteen months of age is no longer necessary. 3,076 children received a booster dose of Diphtheria/Tetanus antigen (the pre-school booster) and 4,712 received booster doses of Poliomyelitis vaccine.

CASES OF INFECTIOUS DISEASES

DISEASES	URBAN DISTRICTS														RURAL DISTRICTS										Totals for Administrative County
	Brackley (Borough)	Daventry (Borough)	Higham Ferrers (Boro')	Kettering (Borough)	Burton Latimer	Corby	Desborough	Irthlingborough	Oundle	Raunds	Rothwell	Rushden	Wellingborough	Totals for Combined Urban Districts	Brackley	Brixworth	Daventry	Kettering	Northampton	Oundle and Thrapston	Towcester	Wellingborough	Totals for Combined Rural Districts	
Anthrax	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	1
Cholera	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—	—
Diphtheria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dysentery...	...	11	3	151	...	19	...	...	2	...	...	3	34	223	1	...	3	6	6	...	3	13	32	255
Encephalitis: acute, infective ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Encephalitis: acute, post-infectious ...	...	...	...	1	...	1	...	...	...	...	...	1	...	3	...	...	...	...	...	...	...	...	...	3
Food Poisoning	...	1	...	5	...	3	2	...	1	...	...	1	3	16	2	1	3	...	...	...	1	2	9	25
Jaundice, infective ...	...	3	1	117	10	155	2	...	...	...	1	8	6	303	3	3	14	7	9	6	3	6	51	354
Leptospirosis	...	...	...	1	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	1	2
Malaria	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Measles	9	33	17	85	18	218	3	6	34	11	2	136	271	843	16	118	21	86	135	91	44	109	620	1463
Meningitis, acute ...	...	...	...	3	...	1	...	...	...	...	...	...	1	5	...	...	...	...	...	...	...	...	...	5
Ophthalmia neonatorum	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Plague	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Paratyphoid fever ...	3	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	3
Poliomyelitis acute, paralytic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Poliomyelitis: acute, non-paralytic ...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Relapsing fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Scarlet fever	2	2	1	24	1	...	1	...	1	...	5	1	1	39	3	3	2	6	3	25	8	2	52	91
Smallpox	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tetanus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tuberculosis, respiratory	...	...	...	3	...	12	...	1	...	1	...	3	5	25	4	...	5	2	1	1	3	1	17	42
Tuberculosis, meningeal	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1
Tuberculosis, other ...	...	...	1	1	1	4	...	...	...	...	...	...	2	9	...	1	...	1	1	1	...	...	3	12
Typhus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Typhoid fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Whooping cough ...	2	3	...	9	...	2	...	...	...	...	...	...	4	20	...	2	...	...	1	...	...	...	3	23
Yellow fever	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	17	53	23	400	30	415	8	7	38	12	8	153	328	1492	29	128	48	109	155	124	62	133	788	2280

The following table shows the number of inoculations against each of the diseases completed during 1969:

Age (*year of birth*)	*Under* 1 1969	1-4 65-68	5-9 60-64	10-15 54-59	*Under* 16 *Totals*
Primary Inoculation					
Diphtheria	172	4,908	74	24	4,998
Whooping Cough	172	4,875	35	5	5,087
Tetanus	172	4,926	178	710	5,986
Poliomyelitis	155	5,090	97	61	5,403
Booster Inoculation					
Diphtheria	—	2,449	3,131	145	5,275
Whooping Cough	—	1,661	941	45	2,647
Tetanus	—	2,496	3,310	625	6,431
Poliomyelitis	—	1,328	3,108	276	4,712

The number of children born since 1st January 1955 who by 31st December 1969 had completed a course of immunisation against diphtheria and poliomyelitis is shown in the following table:

Age on 31/12/69 (*i.e. born in year*)	*Under* 1 1969	1-4 65-68	5-9 60-64	10-14 54-59	1-15 *Totals*
Number immunised against diphtheria...	172	19,642	20,705	20,479	60,826
Estimated percentage of population immunised	—	86.5	79		81
Number vaccinated against poliomyelitis	155	18,956	20,198	24,930	64,073
Estimated percentage of population vaccinated	—	83.4	86.6		85.6
Estimated mid-year child population ...	—	22,720	52,100		74,820

The children born in 1969 have been ignored for statistical purposes, as the primary course of immunisations under the revised schedule is not completed until the child is twelve months of age.

There was an increase in the number of children immunised against diphtheria and the percentage of children aged 5 to 14 has increased from 73 in 1968 to 79 while the overall rate has increased from 77% to 81%. The number of children vaccinated against poliomyelitis has also increased from 81% in 1968 to 86%.

(c) Smallpox vaccination

5,437 children have received vaccination against smallpox. The number of primary vaccinations performed has risen from 3,243 in 1968 to 5,089 an increase of 56%. This is primarily attributable to the computer system, which ensures that children receive an appointment for smallpox vaccination at fourteen months.

The following tables show the number of children vaccinated during the year (Table 1), and the % of children under the age of 2 years vaccinated during each year since 1965 (Table 2).

TABLE 1

	Primary	*Revaccination*
Under 1 year	36	—
1 year	4,000	—
2 - 4 years	720	26
5 - 15 years	333	322
Totals ...	5,089	348
Grand Total ...	5,437	

TABLE 2

Year	*Percentage*
1965	40
1966	45
1967	47
1968	39
1969	67

(d) Anthrax Vaccination

Although the demand for this vaccine is small, it is available to General Practitioners and is used to inoculate workers who, by nature of their employment (in Tanneries etc.), are at special risk of contracting the disease.

(e) Measles Vaccination

On 17th March, a letter was received from the Department of Health and Social Security stating that, after consultation, Messrs. Burroughs Wellcome were advising the immediate suspension of the use of their attenuated measles vaccine. This action was taken because three children, all in their second year of life, had been reported as suffering from a condition clinically diagnosed as encephalitis and in each case the onset of illness occurred about a week after vaccination with Burroughs Wellcome vaccine.

The occurrence of encephalitis had not been reported previously, although this vaccine was known to be more prone to cause other reactions than the Glaxo vaccine. It was considered, therefore, that the use of the Burroughs Wellcome vaccine should be suspended until investigation showed how it could be used safely.

All general practitioners and Health Department staff were immediately informed of the situation and arrangements were made for the return of the vaccine to this Department. A further letter from the Department of Health and Social Security requested that all stocks of Burroughs Wellcome vaccine be returned to the manufacturers. This was done.

Following the withdrawal of the Burroughs Wellcome vaccine supplies of vaccine prepared from the Schwartz strain of attenuated measles virus and manufactured by Glaxo Ltd. were available, but in very limited quantities.

Vaccination was therefore restricted to susceptible children between their 4th and 7th birthdays and to children between the age of one to seven years of age, living in residential establishments. The computer appointments system was amended so as to discontinue measles appointments until the supply position improved.

On 10th December a further letter from the Department of Health and Social Security was received, stating that supplies of measles vaccine prepared from the Schwartz strain of virus and purchased from the Dow Chemical Company of America were to be made available to local authorities in quantities determined by the Department of Health and Social Security, after local authorities had stated their requirements.

For the period January-May 1970, this authority was offered and placed orders for 6,100 doses. This would be sufficient to carry out routine vaccination of children reaching thirteen months of age, together with those children born in 1968 who because of the withdrawal of the vaccine were unable to receive the dose. In addition, where parents request vaccination for their children up to age fifteen years, this will be offered providing that there is sufficient vaccine available.

The Chief Medical Officer to the Department of Health and Social Security further stated, in his letter referred to above, that it is hoped that by the spring of 1970 additional supplies of vaccine would become available in quantities sufficient for the resumption of a campaign for the protection of all susceptible children up to age fifteen years.

(f) Yellow Fever Vaccination

The clinic for yellow fever vaccination continued to be held every Thursday morning in Northampton. During the year 494 persons who were intending to travel to yellow fever areas were vaccinated.

3. Tuberculosis

(a) INCIDENCE AND MORTALITY

There were 55 new notifications, of which 42 were respiratory tuberculosis and 13 non-respiratory tuberculosis. Fifteen cases were transferred from other authorities.

The Registrar General reported 12 deaths from tuberculosis (5 respiratory and 7 non-respiratory) this being 6 more than in 1968. The mortality rate for the combined urban districts was 3.6 per 100,000 population, and also 3.6 per 100,000 population for the combined rural districts.

(b) B.C.G. vaccination of schoolchildren

This subject is dealt with on page 115 of this report.

(c) Extra nourishment grants

Grants of free milk were made to six patients on the recommendation of the chest physician.

(d) Long stay immigrants

Local health authorities are informed of immigrants who have been referred to port medical officers. This enables the health visitor to visit the immigrants to inform them of the health services, to encourage them to register with a general practitioner and to undergo a chest X-ray examination. The result of the X-ray examination is sent to the County Health Department and then passed to the general practitioner with whom the immigrant has registered. The following shows the number of notifications received and the number of successful visits.

	Notifications	*Visits*
Commonwealth		
Caribbean	33	22
India	32	30
Pakistan	1	1
Other Asian	19	18
African	10	9
Other	2	3
Non-Commonwealth		
European	29	23
Other	6	5
Total	132	111

Of all 111 immigrants who were visited during 1969, 43 had X-ray examinations arranged by the County Health Department, whilst another 7 had already been X-rayed at the port of arrival.

REPORTS OF CHEST PHYSICIANS

1. The following comments are based on the annual report on the chest service of the Kettering and District Hospital Management Committee area, prepared by Dr. O. E. Fisher, Consultant Chest Physician.

Area served

The Headquarters of the Department is at Rushden Hospital, and it serves the population of the north eastern half of the County of Northampton. About 80% of the population is urban, the main industries being boot and shoes, leather and steel production.

The estimated mid-year population was 223,800. The largest towns are Kettering, Corby and Wellingborough, and the population of the latter two towns is increasing rapidly.

Clinic premises

	No. of sessions weekly
Kettering General Hospital	1
St. Mary's Hospital, Kettering	1
(This Clinic session is to be accommodated at Kettering General Hospital from March 1970, making two sessions at Kettering General Hospital)	
Rock Street, Wellingborough	1½
Nuffield Diagnostic Centre, Corby	2
Rushden Hospital	1
Rushden Hospital—Thoracic Surgery	1 per month

Rock Street Clinic, Wellingborough, is held in premises which are not attached to any Hospital and is not manned by any permanent staff. This clinic is to be closed in 1970 and so far no arrangements have been made for X-ray facilities to be provided at the Park Hospital for chest out-patients, a most deplorable situation in a town of over 35,000, which is expected to expand to over 80,000 in the next ten years.

Hospital beds

There are 48 chest beds at Rushden Hospital. There was again a big increase in the number of admissions, 408 in 1969 compared with 363 in 1968. This continues to strain the inadequate medical coverage at the hospital, where the two Consultants have to do all the routine ward work that would normally be carried out by a junior doctor. Nevertheless the Board have rejected requests for a Senior House Officer. A possible solution would be to reactivate the Medical Assistant post at Northampton, making a combined appointment between Northampton and Rushden.

Tuberculosis

Tuberculosis notifications were 45 in 1969 compared with 50 in 1968. Thirty-three of the notifications were respiratory cases, of which 4 were contacts. Sixty-five names were removed from the Clinic Register as recovered, and 14 patients died. Three of these cases died with active tuberculosis, four patients had substantial lung damage from arrested tuberculosis which was an important contributory factor in their deaths, and in the remaining 7 deaths, tuberculosis played no part.

These figures continue to reflect the considerable decline in prevalence of tuberculosis in the community—a decline of over 73% in eleven years.

Bronchial carcinoma

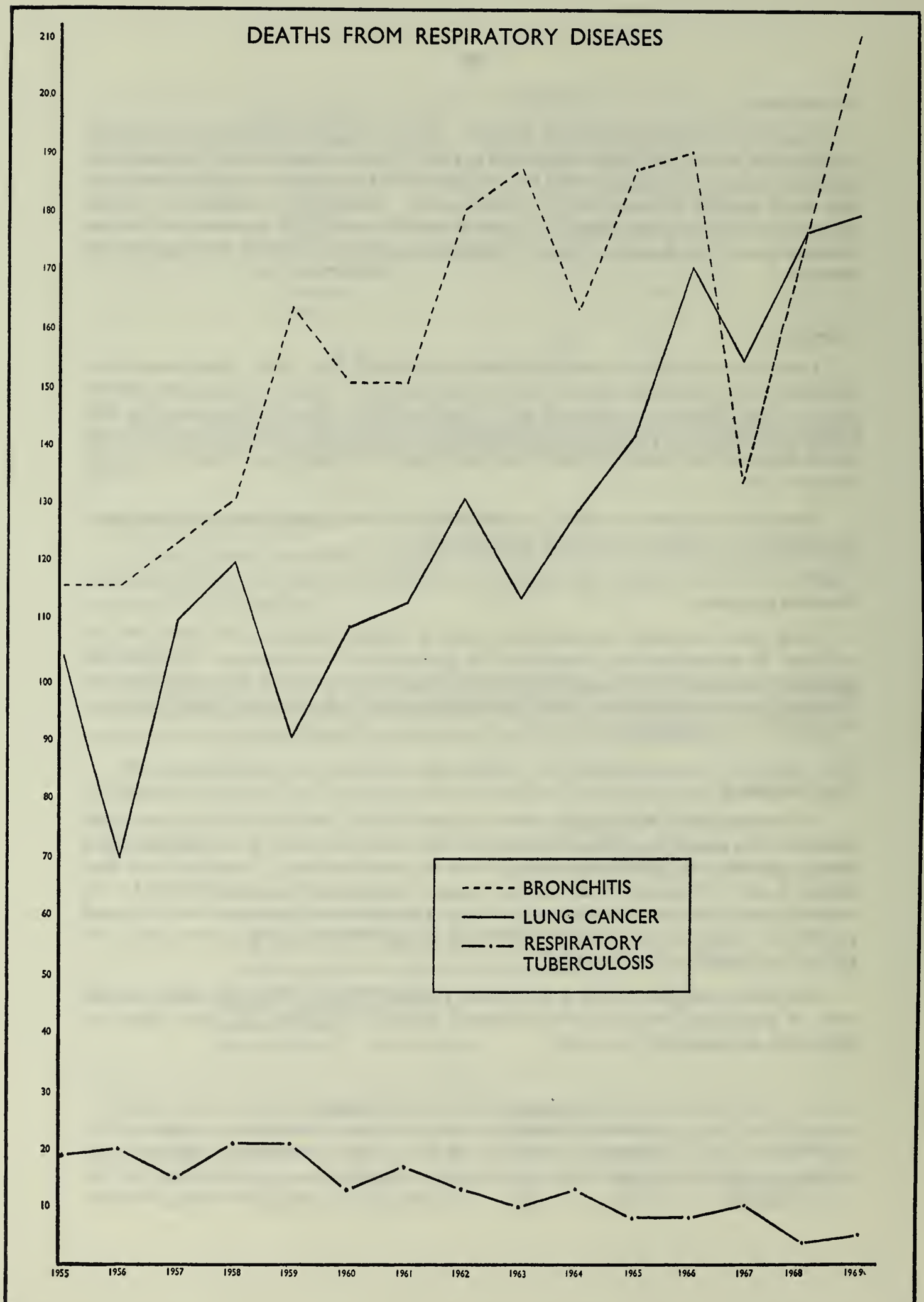
Lung cancer was again the commonest cause of hospital admission, there being 90 new cases and 30 readmissions for terminal care or post-operative convalescence. The prognosis continues to be universally bad, and only a small fraction are amenable to surgical resection. There were also 14 admissions for other forms of cancer, and in all, malignant disease accounted for one third of all admissions.

Mass radiography

Conventional Mass Radiography surveys ceased in 1964, and the service is now chiefly concerned with general practitioner referrals, but also carries out special group surveys such as factory contacts and positive tuberculin reactors in school children. Two units have been employed, but in November as an economy measure one unit had to be discontinued. The modified programme has been designed to cause a minimum of disturbance to the general practitioner referral service, most of the outback having fallen on group surveys, where the yield of abnormalities is much smaller.

The service continues to play a vital role in the work of chest clinics and almost half the cases of respiratory tuberculosis and bronchial carcinoma diagnosed at Chest Clinics are channelled via the mobile X-ray unit.

Survey	*Number X-rayed*	*Referred chest clinic*	*Active P.T.*	*P.T. rate per* 1,000	*Bronchial carcinoma*	*Out-standing*
Group surveys ...	14,530	56	2	0.14	2	6
G.P. referrals ...	7,394	194	16	1.64	41	14


DEATHS FROM RESPIRATORY DISEASES
210
200
190
180
170
160
150
140
130
120
110
100
90
80
70
60
50
40
30
20
10
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
BRONCHITIS
LUNG CANCER
RESPIRATORY TUBERCULOSIS

Chest clinics statistics

1. *New cases seen*			
Tuberculosis—Respiratory—sputum positive		28	
sputum negative		5	
			33
—Non-respiratory			12
—Notified			45
2. Notified cases of tuberculosis on clinic register at the end of the year			248
3. *Contacts*			
Number first seen during year			221
Number subsequently notified			4
Number of B.C.G. Vaccinations			242
4. *Clinic attendances*			
New cases—Consultants			1,064
New cases—Contacts			221
Re-attendances			2,271
X-rayed at clinic			132
5. *Non-tuberculous diseases diagnosed in new cases attending chest clinics in* 1969			
Bronchial carcinoma...			92
Other primary malignant neoplasms			2
Secondary carcinoma			8
Simple tumours and cysts			3
Chronic bronchitis and emphysema including cor-pulmonale			188
Acute respiratory infections including pneumonia			132
Asthma			53
Spontaneous pneumothorax			14
Non-tuberculous effusions including empyema			8
Bronchiectasis			20
Sarcoidosis			10
Pneumoconiosis			8
Haemoptysis (unexplained)			4
Congenital heart disease			2
Acquired heart disease			41
Miscellaneous			57
No abnormalities discovered			238
			880

RUSHDEN HOSPITAL (in-patients statistics)

1. In hospital, 1st January, 1969		33
2. Admissions		408
3. Discharges (including deaths):		
(a) Tuberculosis, respiratory		32
non-respiratory		11
total		43
(b) Neoplasms		134
(c) Acute infections		37
(d) Chronic bronchitis		67
(e) Cardio-respiratory failure and other heart and circulatory conditions		28
(f) Asthma		31
(g) Bronchiectasis		20
(h) Sarcoidosis		2
(i) Other conditions		37
(j) Children—respiratory conditions including primary pulmonary tuberculosis		2
(k) Thoracic surgery bronchoscopies		76

4. Deaths	
(a) Tuberculosis	1
(b) Non-tuberculous	63
5. In hospital, 31st December, 1969	42
6. Beds available to chest department 31st December, 1969	48

2. The following notes are based on the report of Dr. P. C. Robertson, M.D., M.R.C.P., Consultant Physician.

The Chest Service for the South-Western Area is centred on the Northampton Chest Clinic and Creaton Hospital. Nine out-patient clinics are operated weekly and this includes a session at Daventry. Out-patients are also seen by arrangement at Creaton Hospital.

The out-patient clinics cater for a wide variety of respiratory disorders and special clinics are no longer specifically for tuberculosis. Contact screening and B.C.G. immunisation is also carried out and static radiographic facilities exist for survey work.

The management of tuberculosis in the County area surrounding Northampton has been completely integrated functionally with that in the Borough and once again Dr. O'Leary has been mainly responsible for the supervision of Tuberculosis in the area.

New cases	10	Respiratory	7
		Non-respiratory ...	3
		Sputum-positive ...	6
		Sputum-negative ...	1
		Notified	10
New Contacts ...	50	Contacts notified ...	—
Number of B.C.G. vaccinations	43		

3. A letter was received on 13th August, 1969 from the Director of the Mass Radiography Service stating that it had been found necessary for financial reasons to withdraw the use of one of the two mobile units based on Northampton.

The general practitioners referral service was reviewed in respect of the sites visited and those where attendances were below 200 per annum (13 centres) were deleted after taking into account ease of access to other centres. While this curtailment has reduced the convenience of the service to the public all the suggested alternative sites can be reached at the appropriate times by public transport, and no undue hardship is likely to be experienced by any patient requiring a chest X-ray.

The following is a list of the centres visited in Northamptonshire by the remaining mobile unit showing the venue and times of visits:

Brackley	Market Place	Tuesday	9.45 a.m.
Corby	The Raven Hotel Car Park	Monday	11.45 a.m.
	Market Place	Monday	1.45 p.m.
Daventry	Car Park—St. James/Sheaf Street	Wednesday	10.15 a.m.
Desborough	Railway Station	Monday	3.00 p.m.
Kettering	Old Cattle Market Car Park	Monday	4.00 p.m.
Long Buckby	Market Place	Wednesday	9.15 a.m.
Oundle	St. Osyth's Lane Car Park	Monday	10.45 a.m.
Rushden	Rushden Hospital	Monday	9.30 a.m.
Towcester	N.C.C. Highways Depot Brackley Road	Wednesday	11.15 a.m.
Wellingborough	Cattle Market	Wednesday	4.15 p.m.

4. Venereal disease

Clinics for the diagnosis and treatment of venereal diseases are held at Kettering and Northampton General Hospitals and Peterborough Memorial Hospital.

The number of county patients attending for the first time during the last three years was:

	Syphilis			*Gonorrhoea*			*Other conditions*		
	1967	1968	1969	1967	1968	1969	1967	1968	1969
Kettering General Hospital	1	3	1	33	36	45	63	22	64
Northampton General Hospital	1	5	5	34	30	27	95	85	137
Peterborough Memorial Hospital	1	—	—	11	—	1	32	3	6
	3	8	6	78	66	73	190	110	207

There was no observable trend in the numbers of first attendances for syphilis and gonorrhoea. The rates of first attendances for these conditions remain at less than one third of those in England and Wales taken as a whole.

LIAISON ARRANGEMENTS

Department of Social and Preventive Medicine
Kettering General Hospital

The range of activities of this department was explained in last year's report and a paper describing the function and activities of the department has been published in the *Post Graduate Medical Journal* (September 1970). Liaison with hospital staff improved further in 1969 as evidenced by the increased usage made of the department as a focal point to which requests for community services were channelled.

Referrals by Hospital Staff for Community Services

				Health Visitor			
Year	*Home help*	*Medical loans and nursing aids*	*Home nurse*	*Children under 5 discharged*	*Paediatric Clinic defaulters*	*Other*	*Total*
1968	98	74	15	549	51	24	811
1969	174	174	55	824	143	63	1433

Epidemiological and medical care studies completed were:

(i) *Cervical Cytology Service*

Measuring the effectiveness of using health visitors to persuade women at high risk of developing cancer of the uterine cervix to have a cervical smear taken. This study is reported on page 53.

(ii) *Accidental poisoning in childhood*

Observing the trend in hospitalisation of children for accidental poisoning to provide information about the hazards operating locally.

The study was undertaken between 1 July and 30 September 1969, as the incidence of cases seems to reach a peak in these months. During this period 98 children from the County were treated at Northampton and Kettering Hospitals. Boys out numbered girls by more than three to two and all but eleven of the children were less than 5 years of age. 54 of the 98 County children came from Corby, Wellingborough and Daventry, three towns with an increasing number of young children and high adjusted birth rates. The total population of the towns make up only one-third of the population of the whole Administrative County.

Just over half the children had ingested medicaments and of these a half had taken aspirin in one form or another, often as Junior Aspirin. Thus in the case of a quarter of all the children requiring hospital treatment for poisoning, aspirin was the cause.

Of the 62 children poisoned by medicaments, 47 had obtained the substance from a bottle, while the household agents were found in a variety of containers some of which were improvised.

The medicaments and household agents were usually found and consumed indoors. In a small proportion of cases, 6 out of 76, the accident occurred in somebody else's house, suggesting it is not only in houses where young children live that precautions need to be taken in storing these substances. The majority of poisons found out-of-doors were nuts, seeds and berries, as often as not in the immediate vicinity of the children's own homes. There were only four incidents in the three months under review in which groups of three or more children were involved, but three of these groups, totalling eleven children, had eaten poisonous seeds or berries.

Nearly two-thirds of the medicaments were not in current use. These were made up largely of aspirins, which most families keep in case of need, and suggests that insufficient thought is given to the safe storage of this potentially lethal drug. The remaining drugs not currently in use consisted mainly of tranquillisers and hypnotics, which should have been disposed of.

More than three-fifths of the medicaments had been prescribed or bought for a member of the household other than the child under review.

Three children had been treated in hospital for accidental poisoning on a previous occasion.

There was no evidence to suggest that an undue preponderance of children came from families in any particular social class. Only three children were from families being visited by child care officers, these families all lived on a caravan site. The parents of the children in the series were not unduly young and inexperienced; and more than a quarter had remained at school beyond the statutory leaving age, including some who had completed their studies at Universities, Colleges of Education, or Technical Colleges.

Although only 15 children in the series were " only " children, in 51 cases the child poisoned was the eldest of the family. The number of children in the family ranged from one to eight. Four cases arose from one family; three from another; and two from each of seven different families.

The survey shows that the pattern of accidental poisoning in children locally is similar to the national picture. The problem is widespread throughout the community. It is largely confined to children under the age of 5 years and is relatively more frequent among children who have two or more siblings. The commonest poisoning agents, such as aspirin and other simple household remedies, are amongst the most difficult to control since they are constantly used by almost every family in the country, are available from general stores as well as pharmacies and, because of the multiplicity of manufacturers involved, it would not be easy to ensure that all were marketed in standardised safety containers. The importance of safe storage of drugs in use, and the need for prompt disposal of unwanted drugs, needs to be constantly publicised, both through mass media and by the efforts of individuals.

(iii) *Effectiveness of Health Education poster displays*

Measuring the extent to which 101 members of the public using a waiting area in the out-patient department perceived and understood the health department's poster display. The result of the interviewing survey carried out showed that 60 per cent noticed the exhibit and of these, three quarters gained a complete or partial grasp of its message. The results provided a base-line against which to measure the effect of altering the method of presenting the subject matter.

(iv) *Co-ordination of after care of hospital patients*

Studying the extent to which males of working age who were admitted to hospital as emergencies and who remained in hospital for at least a week subsequently reported that they

experienced social problems as a result of their illnesses; and the proportion of these who were put into contact with the medical social workers at the hospitals during their stay.

The study which set out to provide a base-line measurement against which to measure the effect of planning the patient's after care from an early stage of his stay in hospital, demonstrated a situation similar to that reported in other studies of the subject and pointed to the need for arranging after care before patients were discharged from hospital.

Other studies included a critical review of a mild outbreak of aseptic meningitis which occurred in the north of the County in 1969; a study into certain aspects of the care of patients suffering from ischaemic heart disease, and a study of the demands made upon the Ambulance Service by cases of self-poisoning.

Other activities undertaken by the staff

A number of the staff are members of committees dealing with other branches of the Health Service or with outside organisations. Attending these involves a considerable amount of time, but is worthwhile in order to ensure good liaison.

Visitors to the department included groups of administrators from the King's Fund College of Hospital Management, one being a group from America who came to study the relationships between the three branches of the Health Service in this area. In August, Mr. Hugh Purcell, Producer, Further Education and Mrs. Anne Lapping both from the British Broadcasting Corporation came to see Daventry Health Centre and to interview Dr. McQuillan. This talk was subsequently broadcast as part of a series on the National Health Service and Dr. McQuillan was also invited to take part in another discussion later in the series which was broadcast in December. Two health education students from London University visited the department in February. Dr. J. Parfitt from the National Bureau for Co-operation in Child Care paid a fact finding visit in May and a medical student from Finland, who was interested in anti-smoking propaganda visited the department in August. Mrs. Sho-Silva from Nigeria came to study the nursing services.

Numerous visitors came to see Daventry and Queensway Wellingborough Health Centre and these included medical officers of health, general practitioners, doctors from the Royal College of General Practitioners, dental officers, the Midland group of the Association of Health Administrative officers, the Health Visitors' Association, student nurses, student health visitors and four senior health personnel from Helsinki, Mr. R. Kuusi, Chairman of the Social Welfare Board, Dr. O. Kilpio, City Health Officer, Dr. I. Vaananen, Chairman of the Helsinki Hospital Board and Medical Director of the Castle Children's Hospital and Mrs. Inkeria Benson, Head of Public Health Research.

There were many visitors to the dental section of the department including Messrs. J. Rodgers and I. C. F. Fraser, Senior Dental Officers, Department of Health and Social Security; Mr. J. R. Potter, Dental Officer, Department of Education and Science; Professor P. M. C. James and Mr. J. F. Beal of Birmingham University; three final year students from Birmingham Dental Hospital; Mr. T. Lucas, Chief Dental Officer, Oxfordshire County Council; Mr. T. Liptrot, Director, School for Dental Auxiliaries; Mr. D. J. Berman, Reader in Preventive Dentistry, London Hospital Dental School and Miss J. McKay, Health Education Council.

The department organised a course on "Computers in Medicine" for personnel in the three branches of the National Health Service; this was given by Dr. L. C. Payne and was attended by fifty people.

A considerable number of talks were given both to health service personnel from home and overseas and to other groups on a number of topics including talks by Dr. McQuillan at King's Fund Management and Senior Management Courses in London and at the Executive Council Training Courses at Avoncroft and Lichfield.

Amongst other subjects, Dr. Tracey spoke on " Drug Dependence " to teachers, schools, mothers' clubs and other groups; Mrs. Walker gave a course of ten lectures on the Social Services to Child Care Students at Northampton Technical College and Mr. Gibson spoke on " Organisation for Efficiency " at the British Dental Association Postgraduate Course in London. Papers published:

" General Practitioners' Response to a Local Authority Postal Survey "—Dr. B. T. Williams. Published in the *Medical Officer*, 24th October, 1969.

" Public perceptiveness to a poster display in a hospital outpatient department"—Miss J. M. Wingfield, Health Education Organiser and Dr. B. T. Williams. Published in *Health Education Journal*, November 1969.

" Seminoma of Testes "—Mrs. P. J. Bates, Rothwell and Desborough Midwife. Case study published in *District Nursing*. October 1969.

" In the beginning "—Miss J. Beech, Kettering Midwife. Published in *Nursing Times*. December, 1969.

Exhibitions:

An exhibition of paintings by mentally handicapped children organised by the Department was held at the Museum and Art Gallery, Northampton—March/April, 1969. The opening ceremony was performed by Lord Segal of Wytham, Chairman of the National Society for Mentally Handicapped Children.

ENVIRONMENTAL HYGIENE

1. Water supply and sewage disposal

(a) Approval in principle

The following schemes were submitted to the County Council in accordance with the provisions of the Rural Water Supplies and Sewerage Acts, 1944-1951 and were approved in principle:

Authority	*Scheme*	*Estimated cost*
Kettering R.D.C. ...	Warkton and Weekly sewerage	£61,000
Nene and Ouse ... Water Board	Improvement works at the Woodford source	£40,000
Oundle & Thrapston R.D.C.	Barnwell and Polebrook sewerage and sewage disposal ...	£177,000
Towcester R.D.C. ...	Extension of sewer, Towcester Road, Old Stratford ...	£1,600
Wellingborough ... R.D.C.	Sewerage of Furnace Lane Little Harrowden	£4,500
	Irchester sewerage (Phase II)	£190,000

(b) Contributions made

The County Council agreed to make the following contribution in accordance with the approved scale.

Authority	*Scheme*	*Estimated cost*	*Ministry of Housing and Local Government grant*	*County Council's contribution (capital sum)*
Towcester R.D.C.	Wood Burcote and South West Towcester main drainage	£17,376	Half-yearly payments of £170 for 30 years	£4,035

(c) Revised contribution

The County Council revised its contributions in the light of revisions made by the Ministry of Housing and Local Government, as follows:

Authority	*Scheme*	*Estimated cost*		*Ministry of Housing and Local Government grant*		*County Council's contribution (capital sum)*	
		Original	*Revised*	*Original*	*Revised*	*Original*	*Revised*
Brixworth R.D.C.	Thornby sewerage	£17,450	£19,100	Half-yearly payments of £225 for 30 years	Half-yearly payments of £248 for 30 years	£5,684	£6,265
Towcester R.D.C.	Blisworth sewerage	£58,670	£72,605	Half-yearly payments of £450 for 30 years	Half-yearly payments of £530 for 30 years	£12,454	£14,668
	Gayton sewerage	£50,887	£41,183	Half-yearly payments of £592 for 30 years	Half-yearly payments of £436 for 30 years	£16,830	£12,397
	Litchborough sewerage	£31,700	£56,963	Half-yearly payments of £345 for 30 years	Half-yearly payments of £385 for 30 years	£9,425	£10,515
	Tiffield sewerage	£24,259	£32,389	Half-yearly payments of £213 for 30 years	Half-yearly payments of £289 for 30 years	£5,450	£7,394

Towcester and Paulerspury sewerage	£197,927	£223,674	Half-yearly payments of £1,200 for 30 years	Half-yearly payments of £1,355 for 30 years	£33,200	£37,500

2. Rural housing

The activities of rural housing authorities during 1969 are summarised in this table which also indicates their achievements in the entire post-war period.

	Population est. 1969	*Under construction at* 31/12/69*	*Completed up to* 31/12/68	*Completed during* 1969*	*Total post-war houses completed at* 31/12/69	*Post-war houses completed per* 1,000 *population*
Brackley	14,000	21 (—)	857	— (6)	857	61.2
Brixworth	17,120	10 (22)	704	12 (8)	716	41.8
Daventry	19,150	— (13)	1,072	13 (7)	1,085	56.6
Kettering	12,310	10 (—)	989	— (27)	989	80.3
Northampton ...	22,150	12 (—)	1,924	— (24)	1,924	87.3
Oundle and Thrapston	18,220	13 (—)	953	— (38)	953	52.3
Towcester	18,580	70 (20)	1,248	20 (48)	1,268	68.2
Wellingborough ...	16,350	10 (8)	1,008	8 (29)	1,016	62.1
Totals ...	137,880	146 (63)	8,755	53 (187)	8,808	MEAN—63.7

* Figures in parenthesis show corresponding figures for 1968

The building of 8,808 houses by rural districts, whose total population is 137,880 represents one new house for every 15.7 persons. In addition, 12,247 houses have been completed by private enterprise since the war. Combining figures for public and private housing, a total of 21,055 houses has been completed since the war in the rural districts of the County, representing one for every 6.5 members of the population.

SCHOOL HEALTH SERVICE

SCHOOL MEDICAL EXAMINATIONS

Schools

The number of schools in the Authority's area at 31st December 1969 was:

Comprehensive	6
Primary	222
Technical	1
Grammar	7
Bi-lateral	1
Modern	26
Nursery	4
Special	5
TOTAL	272

School population

Total number of pupils on the registers at autumn term 1969: 53,676.

The histogram on page 134 shows the growth of the school population in the decade 1960-1969.

Medical examinations

The pattern of physical defects found in the course of medical examinations and calling for treatment is shown in the following table:

TABLE 1

Defect	*No. of defects recorded as requiring treatment* (8,100 *pupils examined*)	*Rate of defects ascertained per* 1,000 *children examined*		
		1969	**1968**	**1967**
Vision	51	6.29	10.41	14.77
Nose and throat	222	27.40	27.07	33.28
Orthopædic—posture	9	1.11	1.38	0.82
—feet	24	2.96	0.86	2.67
—other	21	2.59	1.38	1.39
Squint	15	1.85	2.25	1.49
Skin	8	0.9	1.38	2.03
Developmental—hernia	3	0.37	1.04	0.32
—other	16	1.98	2.08	1.17
Lungs	40	4.94	4.60	4.70
Heart and circulation	5	0.74	0.34	0.96
Otitis media	9	1.11	1.38	0.64

For a full table of defects requiring observation and treatment, see pages 130.

Fewer children with visual defects are being found at school medical examination due to the improved coverage of the school population for periodic vision screening. The rate of detection of some defects fluctuates widely from year to year and reflects the unreliability of subjective assessments rather than true variations in incidence.

Comments

During the past two years reference has been made to increasing difficulty in carrying out routine school medical examinations owing to shortage of medical staff. A policy of recruiting general practitioners to perform these duties has been followed and the success of this has now begun to be apparent. By the end of the year seventeen general practitioners were conducting medical examinations in thirty schools, in the areas of their practices. This is largely responsible for the increase in the number of pupils seen during the year, 8,100 compared with 5,761 last year, as shown in the graph on page 101. Once again the policy has been to concentrate on the initial medical examination of school entrants and general practitioners have been involved mainly in this work. It is hoped that they will later undertake periodic and certain follow-up examinations at other ages, but recommendations for admission to special schools will continue to be made by specially trained and experienced school medical officers in consultation with general practitioners, hospital consultants and others.

Table 2 shows the number of pupils examined at all ages and also those who were considered for selective examination at the intermediate age group:

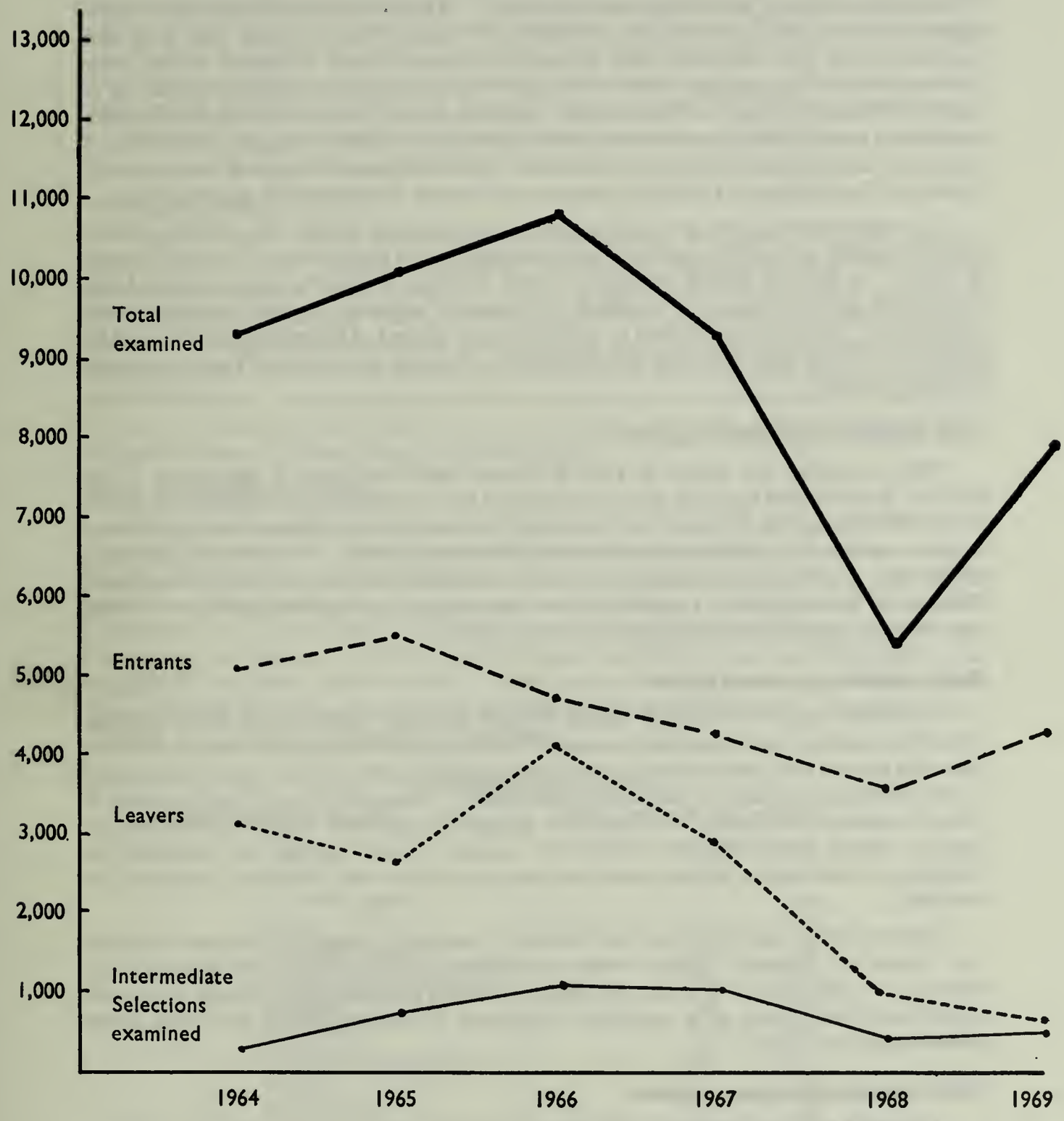
TABLE 2

	1969	1968	1967
Number of pupils examined (all age groups) ...	8,100	5,761	9,344
Pupils reviewed at intermediate stage	1,869	2,201	3,903
Pupils selected for intermediate examination ...	438 (23.4%)	420 (19%)	1,114 (28.5%)
Pupils selected for intermediate examination who required (or were receiving) treatment ...	44 (10%)	15 (3.6%)	87 (7.8%)

In reports on their work during the year, many of the medical officers comment on the continued enthusiasm for the entrant examinations, and the great interest shown by parents in their children in relation to attendance at school. In general the standards of health and cleanliness are good, and one doctor remarked on an overall improvement in the quality of children's footwear, particularly in the seven to eleven year-old age-group.

Several of the doctors commented on how much of their time was now spent in dealing with problems of a psychological nature. One doctor noted that the increase in psychological problems seemed to be particularly prevalent amongst the families in overspill areas where the mother found it difficult to settle and make friends.

NUMBER OF PUPILS EXAMINED



HEALTH EDUCATION

Miss J. Wingfield, Health Education Organiser

" The children of today are the parents of tomorrow." This platitude is still meaningful when applied to health education. Children's patterns of behaviour and thinking, both good and bad, are learned from the adults with whom they are most closely in contact, mainly their parents and later their teachers. But, at the age when they are eager to learn and starting to reason for themselves there are opportunities, by means of good health education, to help them to grow up with a better understanding of the principles of healthy living, to the benefit of themselves and, in time, of their own children. It is important that young people should appreciate that physical and emotional changes will occur in themselves and in other people.

An understanding of the body and its functioning should be taught, in appropriate terms, from the earliest age possible and what has been learned from parents should be supplemented in school. In primary schools advantage should be taken of relating other subjects being taught to health and hygiene. Television is a powerful education medium reaching almost every home. Health educators need to be aware of the content of current programmes and be prepared to answer questions about, and elaborate on, topics in which interest has been aroused by recent viewing.

Head Teachers' Consultative Committee

This Committee was formed in 1962 to develop health education in the schools of the county. Early in 1969 the head teacher members of the Committee, most of whom had served on it since its inception, felt that they should retire to allow other colleagues the opportunity to play a more active part in promoting health education in schools. The reconstituted committee with a larger representation from primary education met for the first time in June. The retiring members of the Committee retain their interest in health education and will be kept informed of any major innovations under discussion.

Health education in primary schools

In primary schools the subject matter includes personal hygiene in its widest aspects, elementary anatomy, physiology and first aid. Health department staff gave courses of health education talks at four junior schools. This is one fewer than in the previous year as the teachers of one school were prepared to take over responsibility. Because of the very large numbers of primary schools in the County, it is impossible for health department staff to be solely responsible for giving talks. Health education in primary schools can only be extended by encouraging class teachers to put greater emphasis on direct as well as indirect instruction in this field.

One of the first tasks of the new Head Teachers' Consultative Committee has been to develop the " Areas of Learning " guidance notes for teachers which have been under discussion for some time. The objective is to test the aspects of health education which should be covered before the children move on to secondary schools and to offer suggestions to teachers about material and visual aids.

Health education in secondary schools

The health education syllabus " Growing up " continues to be used as a basis for teaching in Grammar, Technical, Secondary Modern and Comprehensive schools throughout the county. Educators, the majority of whom are health visitors, can adjust the syllabus according to the

needs of their classes and related matter already covered in other lessons. Once the instructor and the class have established good rapport, discussion becomes less inhibited and pupils feel more able to talk about the subjects in which they are keenly interested. In all types of schools pupils show an increasing awareness of the demands and current issues of modern life including family planning, venereal disease and drug addiction. In teaching by group discussion, the pupils set up a situation where they are learning what they really want and need to know. It provides an opportunity not only for correcting misconceptions but for discussing problems which might otherwise go undetected, especially those concerned with personal relationships.

In order to play a useful part in such teaching, it is clear that the personality of the educator is just as, if not more, important than his or her specific professional background.

The health education caravan

Teachers at the schools visited during the autumn term of 1968 by the health education caravan exhibition on " leisure " were asked to complete a questionnaire about their reactions and those of the pupils to this exhibition. It was apparent that different display methods and techniques are necessary for this type of exhibition if the interest of school children is to be sustained. No further exhibition was mounted in the caravan during the year and an intensive study was made to prepare display items and supporting classroom programmes for the next mobile exhibition. After asking the opinion of head teachers of secondary schools it was decided to make electrical safety the subject of the next exhibition as it had topicality in relation to the proposed changes in colour coding of electrical wiring.

In-service training for teachers

Two one-day courses on first aid for teachers were conducted by medical officers and ambulance training staff. Lectures included advice on how to deal with the common emergencies in schools and, on the practical side, each teacher was given the opportunity of practicing mouth to mouth resuscitation and external cardiac massage. This is part of a continuing programme to teach the elements of first aid to teachers in schools throughout the county, but in addition the study days permit teachers to raise current problems and anxieties with informed members of the health department staff. Interested teachers are encouraged to undertake the more comprehensive courses in first aid provided by the Red Cross and St. John's Ambulance Brigade and to obtain the appropriate certificates.

HANDICAPPED PUPILS

1. Newly ascertained during 1969

1968 figures in parenthesis.

Category	*Numbers*	
Blind	0	(1)
Partially sighted	3	(2)
Deaf	2	(2)
Partially hearing	5	(2)
Educationally subnormal	78	(89)
Epileptic	1	(1)
Maladjusted	25	(27)
Physically handicapped	23	(15)
Delicate	7	(9)
Speech defect	1	(3)
	145	(151)

2. Handicapped children attending special schools

The numbers of children attending residential schools outside the county are shown below.

Category of handicap	*Numbers*
Blind	9
Partially sighted	8
Deaf	13
Partially hearing	17
Epileptic	5
Maladjusted	37
Physical handicapped	18
Delicate	11
Speech defect	1
	119

3. Special education within the county

Educationally subnormal pupils

A total of 355 children were receiving education at the day boarding special schools within the County. Table 3 shows the numbers of pupils attending each school.

TABLE 3

Special schools maintained by the county

Name of school	*Location*	*Type*	*No. of pupils*
Loddington Hall	Loddington	Boarding—E.S.N.	55
Brookfield	Wellingborough	Boarding/Day*E.S.N.	112
Firdale	Corby	Day E.S.N.	100
Isebrook	Kettering	Day E.S.N.	88

*This school has 30 girl boarders

The number of pupils ascertained as educationally subnormal and receiving special education has increased over the past five years. This is shown in Table 4 together with the numbers of E.S.N. pupils unplaced at the end of each year. In 1969 the figure of 103 unplaced children includes 51 whose parents had refused the offer of special school places.

TABLE 4

Year	*In special schools*	*Unplaced*
1965	217	183
1966 (i)	288	124
1967 (ii)	317	114
1968	343	105
1969	355	103

(i) Firdale School, Corby opened April, 1966

(ii) Isebrook School, Kettering opened September, 1967.

MALADJUSTED PUPILS

There is a national shortage of places at schools for the maladjusted, particularly for maladjusted boys who greatly outnumber girls in need of this type of special education. Of the twenty five children ascertained in this category during 1969, only 17 were found places at special schools.

A small number of children awaiting places at special schools have been accommodated either at Holyrood Hostel for boys or Rostrevor Hostel for girls. While living at the hostels, the children continue to attend ordinary schools and in the majority of cases hostel placement is a purely temporary measure while waiting for a vacancy at a school for the maladjusted and is not a substitute for special education.

PHYSICALLY HANDICAPPED PUPILS

Kingsley School, Kettering

Dr. I. J. Cope, Senior Clinical Medical Officer

There were 70 children on the roll of the school at the end of the year, 47 ascertained as physically handicapped, 15 as delicate and six children attending the observation class for assessment of their handicaps. Cases of cerebral palsy (12) and spina bifida (8) constituted the two largest diagnostic groups. The six children with epilepsy attending the school had additional handicaps, which, in aggregate, made them more suitable for education at a special school. The diagnosis of the other children at the school covered a wide range of conditions.

During the year 16 children left the school

7 to continue their education at ordinary schools

2 to take up employment

2 were transferred to residential special schools

1 went to technical college

1 went to the Spastics Society Training College

1 was admitted to Highfield House (Children's Department)

2 left the district.

The Observation Class

The assessment of children with emotional problems in addition to physical disabilities is a difficult task and many such children are brought forward for admission to the observation class. Because the training and aptitude of the teacher in charge of the class make her particularly well suited to deal with disturbed children, several were admitted for assessment during the year. Disturbed children, however, make heavy demands on a teacher and it was consequently necessary to limit the total number of children in the class. A further problem arose in finding suitable schools to accept these disturbed children at the end of the assessment period. This experience has served to emphasise the need for making long term plans for the child's ultimate placement at a suitable special school before accepting him into a small assessment unit such as this class. Unless this is done the usefulness of the Observation Class is liable to be curtailed by the need to retain children beyond the assessment period while they await a vacancy at a special school.

Spina bifida

The number of children surviving with residual handicaps as a result of spina bifida despite corrective surgery is steadily increasing. Because of the relatively large number of children with this condition reaching school entry age during 1969 it was anticipated that there would be several more needing admission to Kingsley School. When the children living within the catchment area of the school were reviewed prior to school entry it was found that the majority had only minor disabilities and were capable of attending ordinary schools.

The children with spina bifida at Kingsley School are all substantially handicapped physically and psychological testing shows a number of them to be in the below average and educationally subnormal intelligence range. This often comes as a surprise as many of these children are conversationally fluent, possibly as a result of spending more time than average in the company of adults while undergoing treatment.

Physiotherapy

A major advance during the year was the setting up of a small physiotherapy unit at the school under the direction of Dr. M. Q. Birkbeck Consultant in Physical Medicine at Kettering General Hospital. A qualified physiotherapist, Mrs. A. Gent, was appointed from June 1969 to spend two days a week at the school and a room was equipped to enable her to give treatments. At the end of the year 12 children were having regular physiotherapy, a great improvement compared with the small number receiving treatment when it was necessary for them to be transported from school to Kettering General Hospital.

With the steady increase in the number of children needing long term physiotherapy it is hoped that it will soon be possible to appoint an additional part-time physiotherapist.

Partially hearing children

Unit at Avondale school, Kettering

At the end of the year nine children were attending this unit. Though essentially a class for partially hearing children it functions to some extent as an assessment unit and during the year one pupil was transferred to a residential school for the deaf while two were considered capable of maintaining adequate progress in ordinary schools.

Reluctance of parents to agree to residential placement for their severely deaf children may mean that admission to this unit for partially hearing children becomes the best form of special education that can be offered. This is, however, not a successful compromise either for the individual child or for the work of the unit as a whole.

HEARING AND VISION SCREENING

Hearing and vision screening is carried out by a team of four clinic nurses engaged exclusively on screening and four school nurses who combine screening with other routine school nursing duties.

Vision screening

Six Keystone telebinocular vision screeners are now in use and vision testing is carried out exclusively by this method.

Vision screening of pupils—during their second term at school, at eight years, at twelve years and during their last year at school—is carried out by the clinic nurses, and during the year 20,684 routine tests were made. A further 469 pupils were tested by special request of medical officers, health visitors or teachers, and 190 re-examinations were carried out. A total of 1,374 children were referred for eye examinations as a result of these tests.

Colour vision is tested as well as visual acuity at the age of 12 years. Of the 4,700 pupils tested at this age, 175 failed the colour vision test, a rate of 4.2 per thousand tested.

School eye clinics

A total of 2,327 examinations or re-examinations was carried out and 734 pairs of spectacles were prescribed at 129 clinic sessions at the following centres, conducted by ophthalmologists whose services were made available by the Regional Hospital Board.

TABLE 5

Number of children on waiting list to be seen by an Ophthalmologist:

	Number of children on waiting list		
Centre	31*st December*, 1967	31*st December*, 1968	31*st December*, 1969
Corby	60	40	40
Kettering	46	40	28
Rushden	19	18	20
Wellingborough	103	40	70
Northampton	55	38	16
Totals	283	176	174

The larger number of waiting cases at Wellingborough was due to the necessity to cancel a clinic during December. No child had to wait long as all children on these waiting lists were seen by the end of January. With the present monthly allocation of clinics there is no longer a build-up of waiting lists beyond the capacity of the clinics.

School children living in the south of the county are seen by Mr. Wilson-Carey at his clinics at Brackley Cottage Hospital and Horton General Hospital, Banbury. During the year 75 children were seen by him (47 old cases and 28 new cases), and 21 pairs of spectacles were prescribed.

Hearing screening

All pupils undergo a pure-tone hearing screening test at the age of six years. Those who fail this test are referred to assessment clinics for a further hearing test and an examination by a specially trained school medical officer.

The clinic nurses also test pupils of all ages at the request of school medical officers, teachers and others. Family doctors are increasingly using the service, and arrangements are made for them to receive a copy of the audiogram in each case. Special requests for tests receive a considerable measure of priority and their value is shown by the high proportion (three in ten) who are referred for further assessment.

TABLE 6

Statistics

	1969	1968
Sweep Tests		
Number given sweep tests	4,626	6,024*
Number who failed and were referred to assessment clinics	231 (4.9%)	373 (6.2%)
Special referrals		
By school medical officers	157	178
By head teachers	225	211
By school nurses	15	33
By speech therapists	78	53
By parents...	27	17
By others (including family doctors)	50	
Total	552	492
Number still awaiting visits	24	14
Number seen	528	478
Number who were found to have a defect and were referred to assessment clinics	158 (29.9%)	134 (28.0%)

*This figure includes a backlog of cases from 1967.

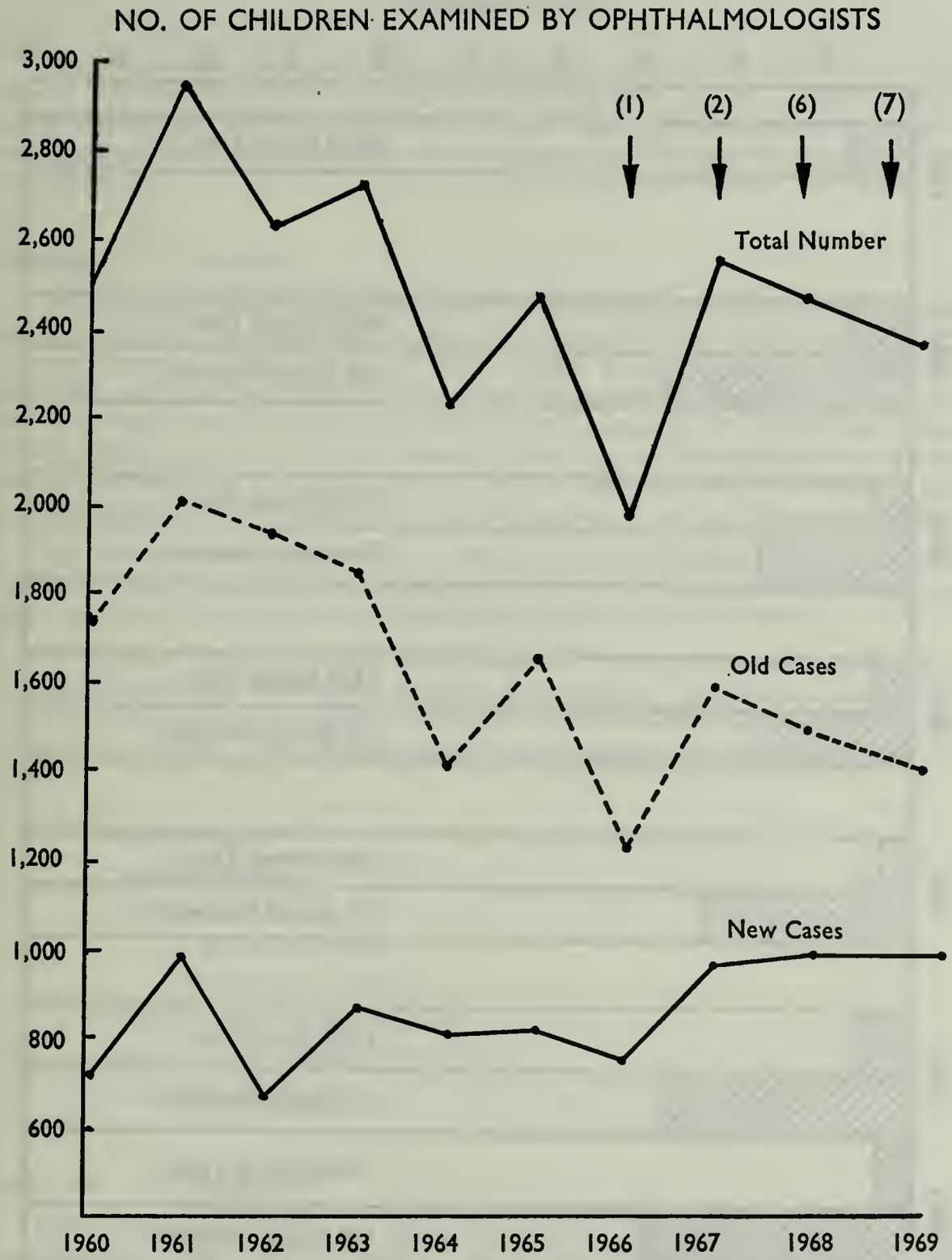
Forty-five hearing assessment clinics were held at various centres throughout the county and from these 30 children were referred to their family doctors and 29 directly to ear, nose and throat specialists, after first consulting general practitioners. On 31st December, 42 cases were awaiting assessment clinic appointments.

Audiology clinic

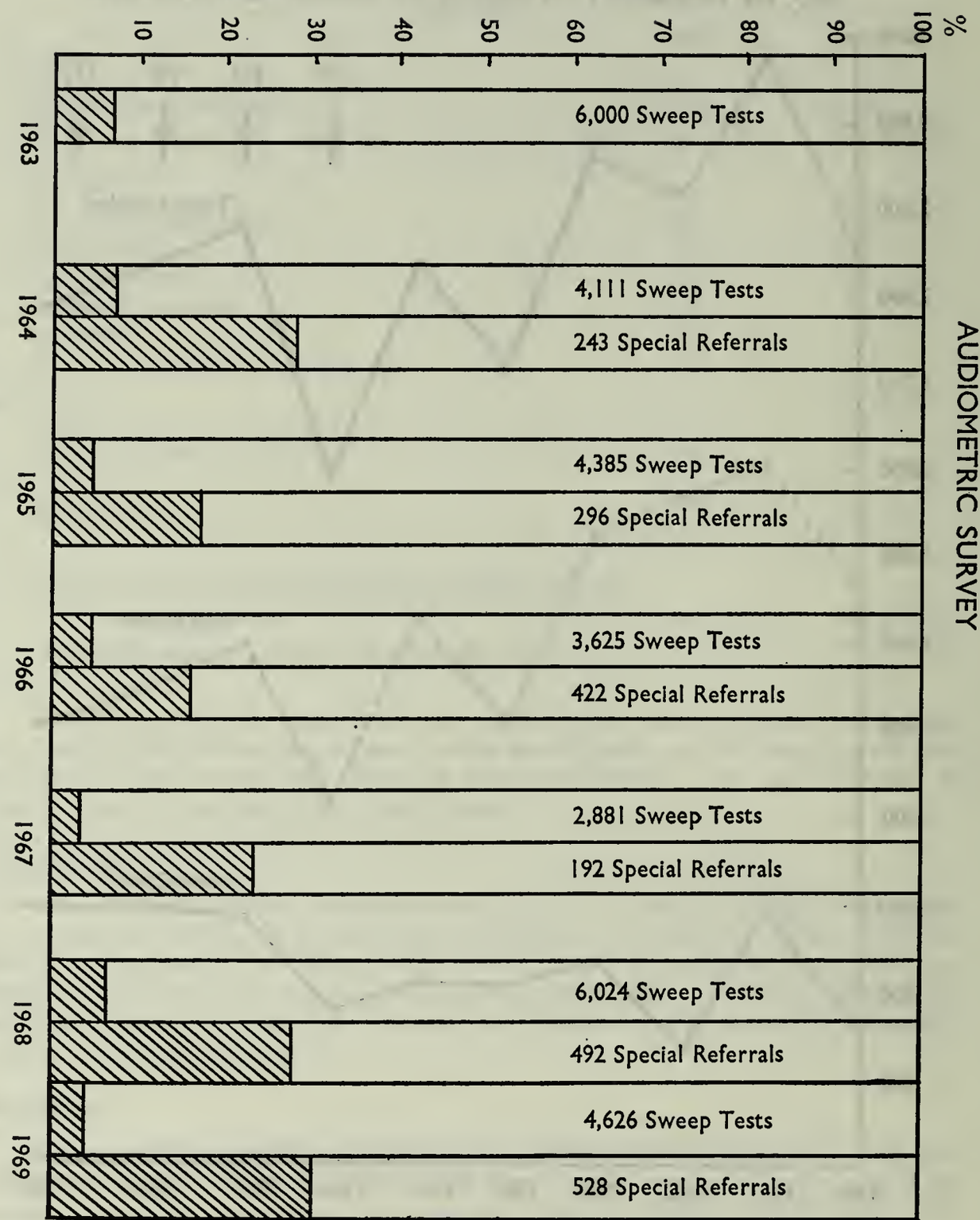
The audiology clinic held in conjunction with Mr. W. C. Gledhill's out-patient clinic continues to be held monthly at Cheyne Walk, Northampton. This clinic provides a useful link between the hospital and the school health service. Local authority staff, comprising two school medical officers who conduct the hearing assessment clinics, four clinic nurses and the peripatetic teacher of the deaf, meet to discuss with the hospital staff cases and the problems of children with impaired hearing.

Hearing aids

At the end of the year 48 school children were wearing hearing aids, four of which were first issued in 1969. The scheme for providing more powerful commercial hearing aids at the request of consultant ear, nose and throat surgeons, has been in operation for some years. Two such aids were provided during the year, one being for a girl from the county who attends a boarding special school in Staffordshire. A total of twelve commercial hearing aids are in use by children attending schools either in Northamptonshire or in boarding special schools outside the county. It has been agreed that these aids may be retained by pupils on leaving school, though the County Council no longer undertakes to maintain, repair or replace them.



The arrows indicate introduction of Keystone Vision Testers for use in screening.
The total number of machines in use is shown in parentheses.



The numbers of tests in each group are given in the upper part of each 'box'.
The lower shaded portion shows the percentage of children referred to assessment clinics.

ENURESIS CLINICS

The two enuresis clinics were continued during the year and are reported on separately below. The Daventry clinic is conducted as in previous years by Dr. J. Dawkins, while the Corby clinic was run by Dr. M. Goodchild who retired shortly before the end of the year. The figures for the latter clinic, therefore, do not represent the full twelve-month period covered by this report.

Daventry—Dr. J. Dawkins

This clinic, which is held monthly, serves the town of Daventry and the surrounding countryside to a distance of approximately ten miles from Daventry. The majority of cases are from Daventry, however. Transport is provided for parents living in areas without a bus service. The clinic was transferred during the year from the Daventry Comprehensive School to the Daventry Health Centre, where there are better facilities available. The health visitor continues to be in attendance and at the end of a session it is now the practice to discuss the cases with the general practitioners at the Health Centre. This has facilitated the action necessary to help certain parents and has encouraged direct referral of patients to the clinic by general practitioners.

The majority of referrals result from school medical examinations and with the increased number of pupils examined since the general practitioners in Daventry have been undertaking school health work, the number of referrals to the enuresis clinic has increased.

The methods used are the same as those reported in last year's annual report, and cases continue to fall into the two categories described in that report. There has been a small increase in children who have had psychiatric disturbance, and two children have been referred to the Child Guidance Clinic. The children treated have ranged in age from five years to twelve years.

New cases seen	11
Total attendances	96
Number cured	15
(a) after use of buzzer	4
(b) without use of buzzer	11
Number referred to a Psychiatrist	2
Number under treatment at end of year	25
Number on waiting list	4

Corby—Dr. M. C. Goodchild

Clinic sessions were held at the Central Health Clinic, Stuart Road. Children and their parents were interviewed separately by both the Medical Officer and Health Visitor, who would then pool the knowledge gained of the child's emotional and social background. The procedure leads to a fuller picture of the children and their families difficulties. Where necessary the Health Visitor, also passed on information from the clinic to her colleagues who were attached to the general practitioners of the families attending and this led to feedback of information to the Clinic.

This liaison is particularly necessary in Corby where the population is noticeably mobile and families frequently move their homes within the town area, rarely notifying the clinic of a change of address. The main aim is to provide encouragement to both the child and the parents during their endeavours to master this very personal problem.

Although the clinic sessions had to be suspended from the end of October due to the retirement of the Medical Officer, requests for appointments directly from parents, or through teachers, health visitors and general practitioners indicated a continued need for this kind of clinic in Corby.

When the clinic sessions were suspended in October 1969 thirty-one children ranging in age from four years to thirteen years, were receiving treatment and two were waiting their first appointment. Between that date and the end of the year, seven additional cases were referred.

New cases seen	26
Total attendances	83
Number discharged	34
Number referred to psychiatrist	2
Number under treatment at end of October	36
Number on waiting list at end of year	9

SPEECH THERAPY

Mrs. A. Hamida, Senior Speech Therapist

The establishment remained unchanged at one Senior and the equivalent of four and a half therapists during 1969, and the service has been operated by Mrs. A. Hamida, Mrs. M. Manley, Miss R. Kingston and Miss M. Axe working full time, and by Mrs. G. Wilson, Mrs. L. Gilby and Mrs. S. Davey working in a part-time capacity. We were fortunate in gaining the temporary services of Mrs. E. Arnold who did some valuable work in Rothwell and Desborough from May to September. The national shortage of speech therapists still makes recruitment of full time staff difficult.

The demand for speech therapy continues to increase as the school population increases and as the service becomes better known, and this pressure is reflected in the annual returns of numbers of children on case loads. The excess over and above the recommended number, which the College of Speech Therapists suggested should not exceed one hundred children on one therapist's case load, shows the pressure that is being placed on the existing service and the urgent need for increasing the establishment.

Speech therapy clinics were held in Corby at Stuart Road Health Clinic, Beanfield and Pen Green Lane, in Kettering at Stockburn Memorial Home, in Wellingborough at Oxford Street Health Clinic, in Rushden at Rectory Road Health Clinic, in Northampton at 7 Cheyne Walk and at Daventry Health Centre.

As much treatment as possible is arranged for both pre-school and school children at one of these central clinics to reduce the amount of time spent on travelling by the speech therapists. When there is a large number of children at one school in need of regular treatment, sessions are arranged at this school, provided that facilities available at the school are adequate.

All schools are visited periodically so that new referrals can be assessed and children not requiring regular treatment can be reviewed. Owing to the number of children requiring treatment it is not possible to visit schools routinely as often as desirable and it continues to be necessary to put schools on a rota system for visits for regular treatment. Use of the mobile clinics has proved valuable in some areas.

We have been able to continue to provide speech therapy for patients at the Park Hospital, Wellingborough, but were unable to resume visits to the Corby Diagnostic Centre during the year, owing to shortage of staff.

In March a Speech Therapy Symposium was held for school medical officers at 7 Cheyne Walk in which five speech therapists took part, each leading the Symposium with a different aspect of speech therapy. Much interest was shown in Mrs. Wilson's talk on stammering and the method of syllable timed speech which she continues to carry out with groups at the Warneford Hospital, Oxford. The talks are being reproduced in the Health Department bulletin.

An attempt has been made this year to modify the method of presentation of statistics to give a clearer picture of the work done. It is clear that a very remarkable increase was achieved during 1969, with almost one third increase in the total number of patients seen during the year. The total number of patients on the register at 31st December increased by an even greater proportion. With regard to patients treated, even after omitting those cases where advice only was given, no fewer than 1,119 children received active treatment from a therapist and this represents a fine effort on the part of the therapists.

INFECTIOUS DISEASES

During the year 71 notifications of the occurrence of infectious diseases were received from schools involving in all more than 300 pupils. Small outbreaks of dysentery were the most common but one large outbreak occurred and this is reported in detail below.

Sonne Dysentery

During January an unusually large number of cases of sonne dysentery occurred in an infants school in the county. The District Medical Officer of Health was informed of this situation early in the course of the outbreak, and vigorous measures were taken to control the spread of infection. A comprehensive code of conduct was distributed to all school doctors and health visitors in the area, and implemented in the school concerned. In spite of the measures taken, a considerable number of cases occurred before the outbreak was contained by the middle of February. There had been 74 cases in the infants school and associated with these cases there were 59 other cases, comprising 12 children in other schools, 20 pre-school children, and 27 adults, 12 of whom had children who also contracted the disease. As may be imagined, the control of this outbreak caused a great deal of work for all those concerned. However, their efforts could not have succeeded without the full co-operation of the school staff whose response was magnificent, due no doubt to the inspiration of the head teacher.

Sporadic cases of dysentery occurred throughout the county during the year, and it is still to be regarded as being endemic in the area.

Infectious hepatitis (jaundice)

There has again been a further increase in the incidence of infectious hepatitis amongst school-children during the year.

Dr. F. R. N. Lynch, who is also District Medical Officer of Health for Corby has made a special study of infectious hepatitis in Corby Urban District. He reports 100 school children affected out of a total of 155 cases of all ages notified to him.

No outbreak associated with any one school was identified though a teacher of an infants class at a special school contracted the disease, and all children in that class received Immunoglobulin. No child in the class subsequently developed infectious hepatitis.

Dr. F. R. N. Lynch also reported the following infestations:

Wall-bug infestation (cimex lectularius)

" In mid-August, I examined four school children all of whom showed the effects of wall-bug infestation to a greater or lesser degree. I visited the home and confirmed that a heavy infestation was present.

This type of infestation is unusual at the present day and requires a special kind of treatment. Arrangements were accordingly made for a thorough disinfestation of the house."

Dog-flea infestation

" Sixteen school children from nine families were found to be suffering from infestation by dog-fleas in November 1969. The source of the infestation was traced, and I made representation to the Clerk of the Urban District Council who dealt promptly with the matter."

Scabies

" Four cases of scabies in one family, occurred in October. These school children did not respond readily to treatment. Appropriate disinfestation was also carried out here."

Skin conditions

The number of cases reported by head teachers and health visitors was as follows:

Impetigo	5
Verrucae	31
Scabies	11
Other skin conditions	7

TUBERCULOSIS AND B.C.G. VACCINATION

During the year there were three cases of respiratory tuberculosis among school children. In two of these the source cases were family contacts.

In October it was reported that one of the pupils of a large grammar school in the county had been admitted to hospital suffering from open pulmonary tuberculosis. The family contacts were x-rayed and found to be clear. With the co-operation of the school authorities all the sixth form pupils and staff were screened to find out whether there were any further cases of active tuberculosis. It was discovered from Health Department records that of the 190 pupils 24 had not previously been Heaf tested or vaccinated with B.C.G. At the routine B.C.G. vaccination session held at the school in November, 12 of them were Heaf positive Grade 1 and were vaccinated, and 12 were Heaf positive Grade 2 and were referred for x-ray together with the remaining pupils and 40 staff who attended the mobile x-ray unit which visited the school on the 5th December. None was found to require further investigation.

In June, an employee at a private school for handicapped children in the county was found to have reactivated pulmonary tuberculosis. On the advice of the chest physician and in co-operation with the school doctor and head teacher, twenty children who had not previously been tested or vaccinated were given Heaf tests and subsequently vaccinated with B.C.G. In addition four members of staff and their families were x-rayed but were found to be clear.

Routine B.C.G. vaccination

Testing for tuberculosis and where necessary B.C.G. vaccination is offered to all children on reaching 13 years of age. In 1969 the parents of 4,184 children consented to these procedures, giving an acceptance rate of 98.9%.

The following table is an analysis of the actual number of children who completed the Heaf test and B.C.G. vaccination where necessary. The 118 children who had previously received B.C.G. vaccination have not been included in the table.

TABLE 7

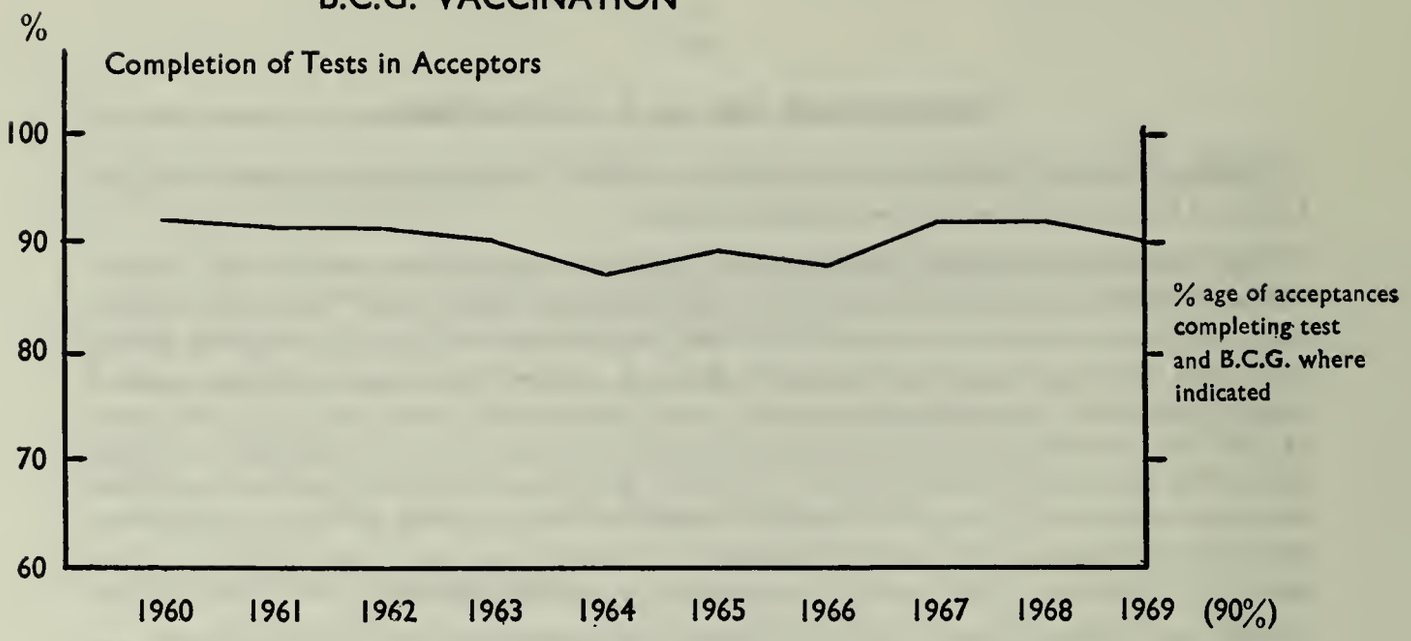
Number Tested	*Number of Negative Reactors*	*Number Vaccinated* (*Negative plus Positive 1 reactors*)	*Number of Positive Reactors*			
			Grade 1	*Grade* 2	*Grade* 3	*Grade* 4
3,764	3,373	3,556	168	149	37	19

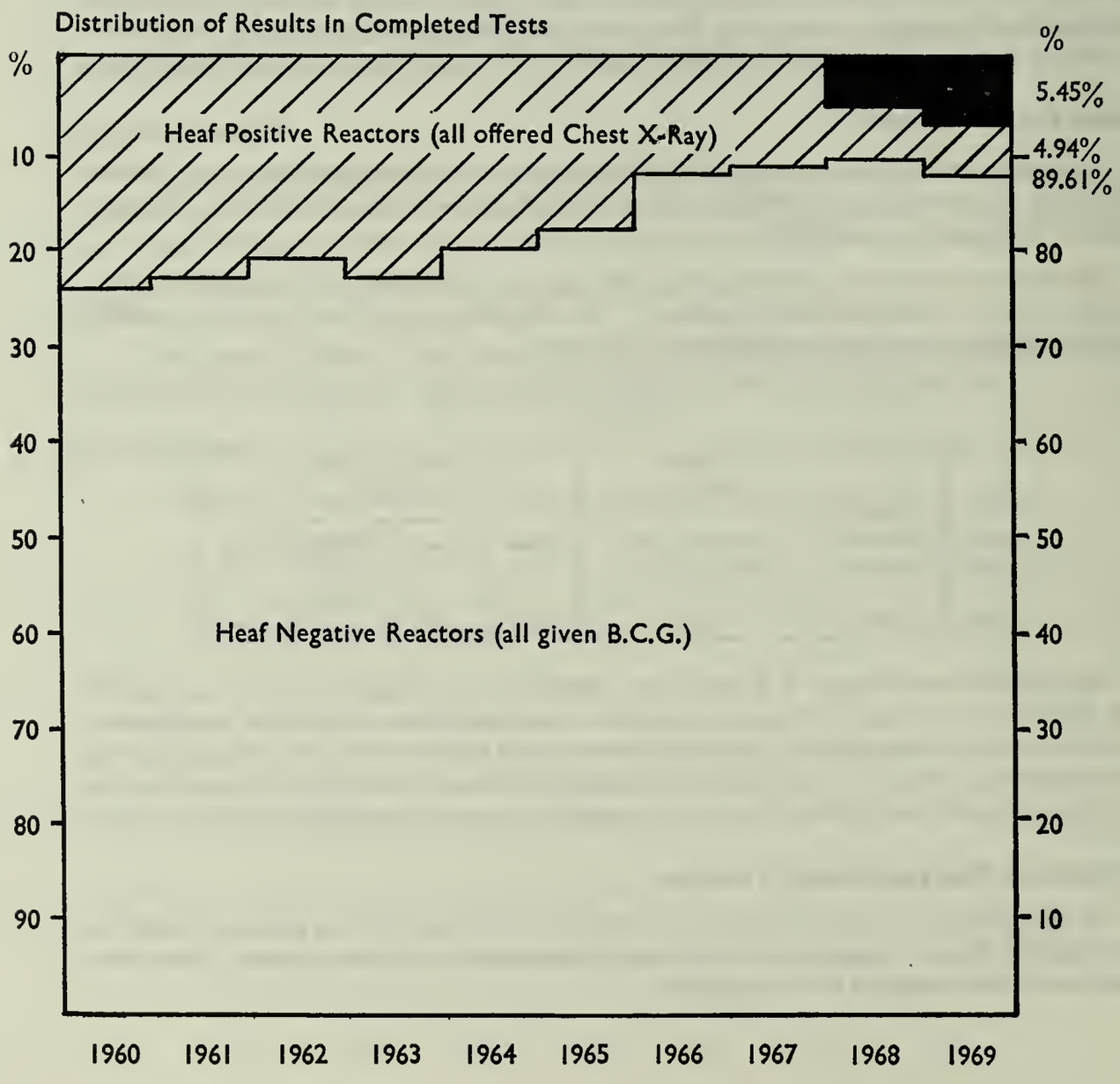
All positive reactors grade 2, 3 and 4 were offered a chest x-ray and during the year 205 such children were x-rayed. Two were referred to the chest clinic for further investigation. One was found to be suffering from a depressed sternum and the other from tuberculosis requiring close clinical supervision. On the advice of the chest physician, it was decided that as this was not a case of open tuberculosis no action was required to screen the pupils or family contacts.

Vaccination of Heaf positive grade 1 reactors

On the advice of the chest physicians, Dr. Fisher and Dr. Gerrard, the practice of referring Heaf positive Grade 1 reactors for x-ray was discontinued in September 1968. Since then these cases have received B.C.G. vaccination.

B.C.G. VACCINATION





Children previously having had B.C.G. have been excluded in compiling % ages of Positive and negative reactors on this graph. The solid black section shows grade II, III and IV reactors.

DENTAL HEALTH

Mr. P. W. Gibson, Chief Dental Officer

Introduction

The re-organisation of the Health Department became largely effective during 1969, and as far as this report is concerned the opportunity arises to take a wider look at the administration of the dental service, its philosophy, and the assessment of need. Classification and provision of services has been structured under two main headings, Child Health and Adult Health. Each of these sections has a Senior Medical Officer with full supporting administrative services. Obviously the work of the dental section is mainly concentrated within the framework of Child Health, and since our policy has always been to consider children as a single group, and attempts have always been made to provide integrated services for them, the re-organisation has provided an opportunity to reinforce our efforts in this way, and created a more helpful atmosphere for planning child dental health as an entity.

Reasons for such thinking lie in the fact that the most critical periods of development in the child's life, when viewed from the clinical aspect, may not be related to educational status, upon which existing services tend to be built. For instance, we recognise that by the age of three years many children already present differing degrees of dental disease. As long as the apportionment of time and money is so heavily directed towards the child at school, without proper regard for what has already happened to his oral and general health before that time, certain opportunities are lost for all time. At the age of three years children are psychologically ideally suited for an introduction to dentistry, and more than half of them require treatment at this age. By leaving such a large number of very young children untreated, as we do at present, inevitably much disease is allowed to progress unchecked, and with cumulative effect. Thus the long term benefits of all future dental treatment may in certain cases be irreversibly reduced.

The emphasis in dentistry is gradually changing from rehabilitation to prevention, and the field of dentistry for children is ideal for such a philosophy, with the possibility of reaping the greatest benefits to patient and practitioner alike.[1] The failure to fluoridate water supplies in this area is therefore all the more frustrating and wasteful of time and money spent on treatment.

Staff

The staff situation, upon which all services depend, may appear to be satisfactory when viewed in comparison with the situation existing in some neighbouring areas. Nevertheless, in 1969 it was not found possible to inspect more than 51% of the schoolchildren population, and about 10% of the under fives. Manpower has been maintained at a fairly constant level throughout the year despite changes.

The number of professional dental staff in post on 31st December 1969 was ten full-time and three part-time dental officers, (with a total full-time equivalent of eleven). In addition there were three dental auxiliaries. This shows an overall increase of one dental officer at the year end.

The Chief Dental Officer was participating in the first course organised for the Diploma in Dental Public Health until the end of July, and Mr. J. R. Humphreys, Senior Dental Officer, Corby, began to attend the second course for this Diploma in London in October. However,

by increasing the number of appointments of part-time dental officers and the number of sessions worked by those already employed, it was possible to maintain the overall number of treatment sessions worked as compared with the previous year, but there was unavoidable disruption in continuity in some areas.

Planning of Dental Services for Children

The particular conditions existing in Northamptonshire, namely the rapidly expanding population, and the distribution of general practitioners, which is about half the national average, enabled our service to do no more than hold its own during the year.

To quote a report by the County Medical Officer of Health on the development of Local Authority Health Services in this area . . . " needs exist which must be met at some time, and it is important therefore to set them out as clearly as possible, particularly in view of the enormous expansion of population which is taking place in this area . . . this expansion has created needs far beyond anything anticipated when the last major review was carried out in 1965." The percentage population increase from mid-year 1966 to mid-year 1968 was 4.8 in Northamptonshire against an average of 1.1 for England and Wales. The overall child population figures for Northamptonshire for the period 1968/1971 shows an annual increase of 11% above the national average. The adjusted birth rate in Northamptonshire for 1968 was 18% above the national average.[2]

As far as dental services in particular are concerned, the traditional recommendation of one dental officer to 3,000 schoolchildren is no longer acceptable, if only because it is impossible to plan services adequately on the basis that children be categorised as pre-school and school-children. The fact that more than twice the national average of pre-schoolchildren are seen in this County does not hide the fact that something like 80% of this age group of children are still not seen by any branch of the service. Further, demands on the dental services are increasing nationally as a higher standard of dental health is demanded by the community as a whole. Quite clearly estimates of staffing requirements made in 1964/65 need to be considerably revised.

Assessment of need

Adequate planning for the provision of dental services, as with all other health services, can only be based on a proper assessment of need. Assessment of treatment needs require the sort of information which can only be provided by epidemiological study. Treatment needs must then somehow be translated into manpower requirements. Attempts to begin to collect this information locally were initiated during the year, when in co-operation with the Department of Dental Health, Birmingham University, a random survey of 1,000 children of selected age groups was carried out in Kettering.

In considering treatment needs it must be remembered that in common with many other forms of medical treatment there is rarely one specific treatment for a given disease problem; it is necessary to consider individual cases before coming to a general conclusion. Ten decayed teeth for example, does not necessarily indicate need for ten fillings or for ten extractions, and the measurement of treatment time involved is further complicated by the variation in individual rates of work.[3] When trying to relate treatment needs to the provision of the necessary man-power, a further factor to be considered lies in the difference between " initial " and " maintenance " dental care. Data on this difference is lacking in this country but work carried out in the United States suggests that " initial " care probably takes about three times the time required for " maintenance " care.[1] In this country R. O. Walker has written that the

utilization of dental services is initiated by the patient, thus one of the problems facing us is the translation of real need into perceived need and of perceived need into demand for treatment.[4]

A realistic appraisal of treatment needs must also include consideration of patient attitudes and the degree to which treatment may be sought and accepted. The necessity to differentiate between NEED, be it detectable or absolute, and demand for care is essential. Failure to identify need may lead to an inefficient use of manpower resources which are in any case always limited.

Future development

As far as can be seen, whatever administrative and structural changes are eventually effected by Central Government, a strong case can be made for the preservation of a dental service for children. Such a service requires to be expanded and developed comprehensively within the community, through closer co-operation with general practitioner and hospital services, maintaining and strengthening the existing links with education authorities.

Existing gaps and overlaps in coverage must be eliminated as far as possible, and more rational and efficient use made of all available manpower, with proper priorities of role established for each member of the team. Obviously the involvement of a far greater number of ancillary workers will form a vital part in the structure of future services, and there must be real delegation to them of all tasks for which they are specially trained. Any dental surgeon engaged upon tasks which can be satisfactorily carried out by an Auxiliary or Hygienist, for example, is not making economic or efficient use of his time.

Acknowledgements

I would like to take this opportunity of expressing my thanks to Dr. D. W. Robertson, for his constant help in advising us on matters related to general anaesthesia and the care of children at risk; to Mr. J. R. Pettman, for his contribution towards planning and establishing priorities of diagnosis and treatment planning, and further, together with Mr. J. Beal, from the Department of Dental Health, University of Birmingham, for their help in the working party discussing future use of computers; to Mr. W. S. Matheson, Consultant Oral Surgeon, for his readiness to accept and treat children at risk; to Drs. Bruton and Box, Howell, Jash and Ward, for their assistance with general anaesthetics, and finally, but not least, to the dental clinical staff and to supporting administrative services which under the re-organisation structure have provided excellent co-operation.

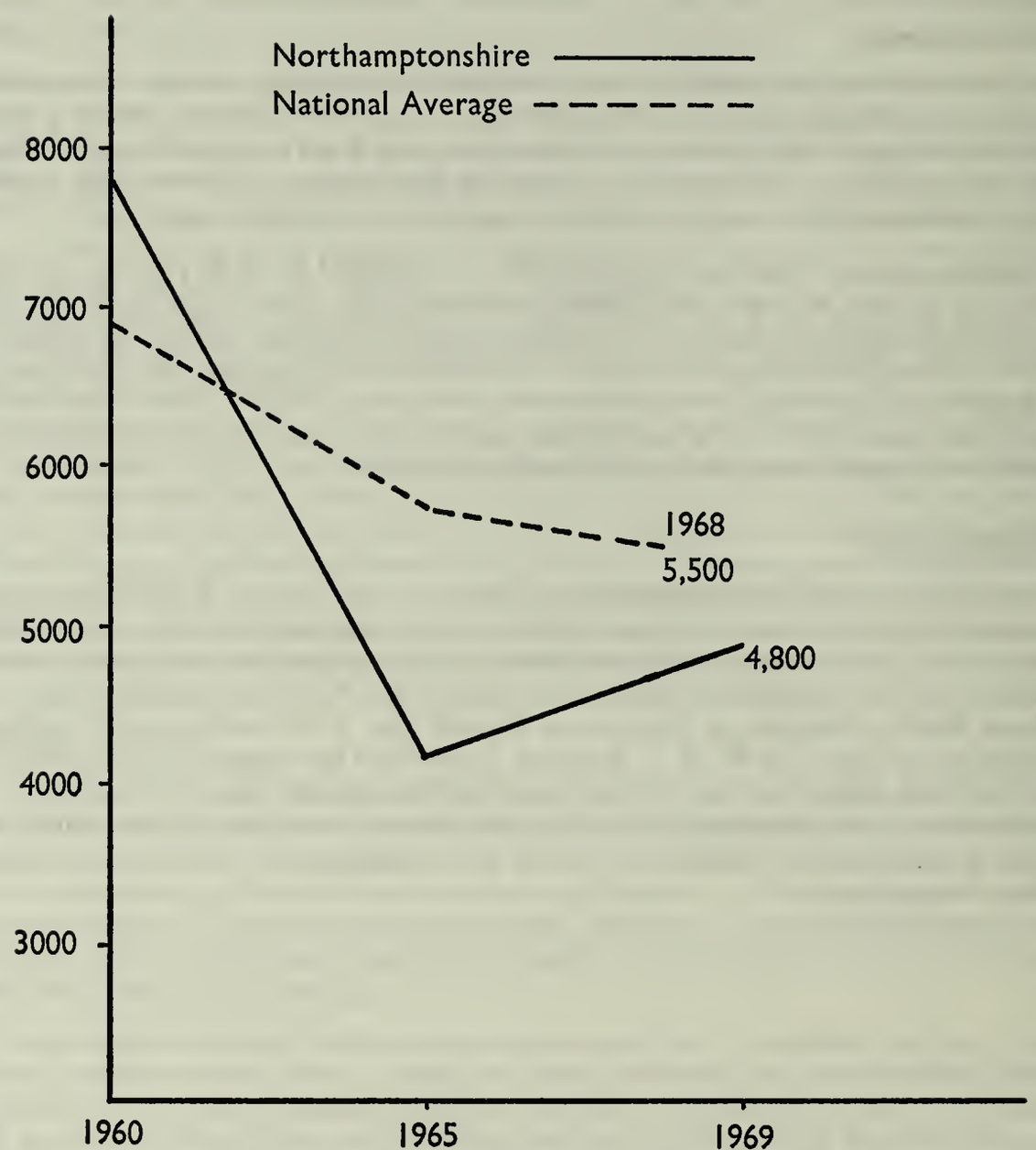
[1]Berman, M. H. " Prevention—every dentist's responsibility". Dent. Survey. 54-56 Feb. '68.

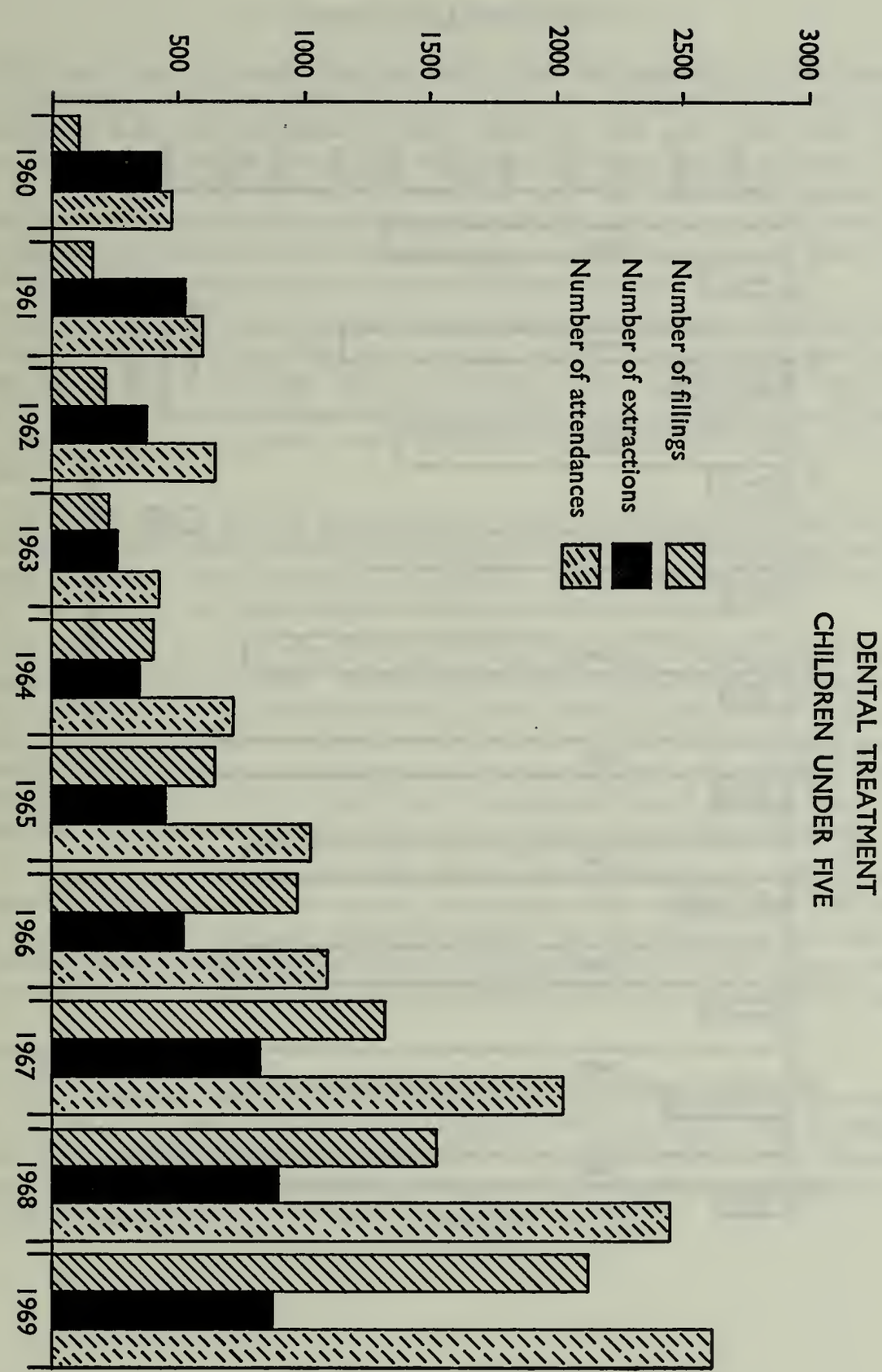
[2]Report to the Health Committee. " Review of Ten Year Plan for the Development of the Health Services." 1970-80 Oct. '69 Northamptonshire County Council.

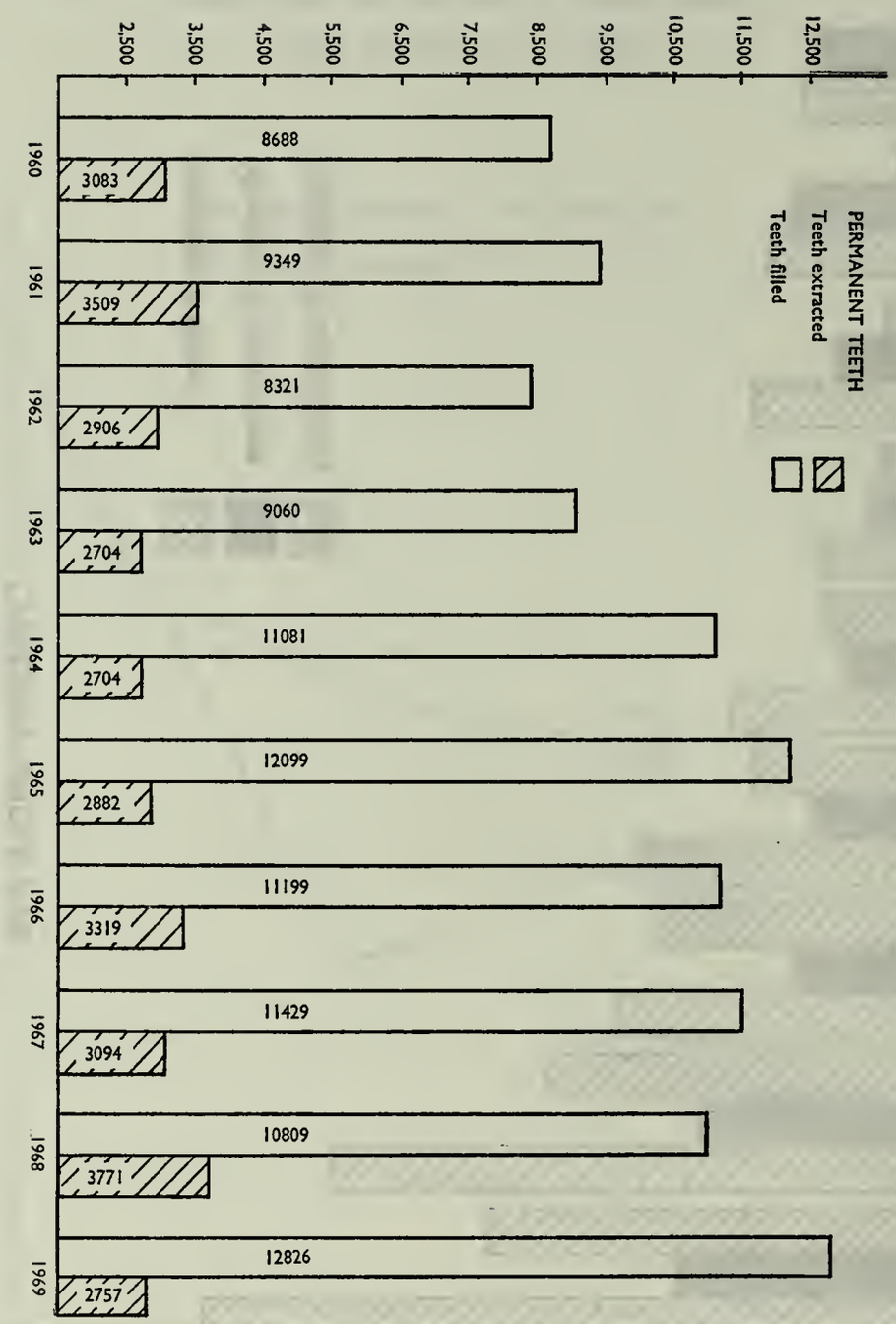
[3]Report of a Study Group. " The Need, Demand and Availability of Dental Health Services." J.A.D.A. April 1968 p.188.

[4]Walker, R. O. " The Socialization of Dentistry." B.D.J. 1967. 122: 195-201 (7th March).

NUMBER OF SCHOOL CHILDREN PER DENTAL OFFICER




DENTAL TREATMENT
CHILDREN UNDER FIVE
Number of fillings
Number of extractions
Number of attendances
3000
2500
2000
1500
1000
500
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969


CHILDREN OF SCHOOL AGE
PERMANENT TEETH
Teeth extracted
Teeth filled
2,500
3,500
4,500
5,500
6,500
7,500
8,500
9,500
10,500
11,500
12,500
1960
8688
3083
1961
9349
3509
1962
8321
2906
1963
9060
2704
1964
11081
2704
1965
12099
2882
1966
11199
3319
1967
11429
3094
1968
10809
3771
1969
12826
2757

CHILD GUIDANCE SERVICE

This report has been compiled from the notes and statistics supplied by Dr. K. Stewart and Dr. B. S. Phillips. For child guidance purposes the county is divided into two areas of clinical responsibility with one psychiatrist working mainly in each area. Both have different approaches to their work and this provides others with a continued source of interest. Clinical work in both areas is divided broadly into specialist work with children and families where a mental health problem exists and consultant work with the other members of the team dealing with families. Considerable efforts are made to adopt a teamwork approach to treatment with psychiatrists, psychologists and social workers all playing their part.

Both psychiatrists have developed the consultation aspect of their work. Lectures, seminars and courses of various types have been given involving members of the staff of the Child Guidance Service and groups of child care officers, probation officers, health visitors and teachers. These consultative functions are time consuming but have the aim of helping others to deal with the problems which they encounter rather than passing all of them on to the Child Guidance Service.

The amount of help that can be given by the service has been limited during the year by staff shortages and also by difficulty in finding suitable places for children who need to be removed temporarily from their home environment. Indeed both psychiatrists stress very clearly that there is a need for a children's in-patient unit to be set up locally.

The number of new cases referred to the Child Guidance Service during 1969 increased as compared with the previous year. The psychiatrists have drawn attention to the fact that unless facilities are improved, particularly with regard to additional staff, the effectiveness of the service may not be maintained and in this, I fully support them. The educational placement of maladjusted children remains a major problem, but a start was made on building the Arkwright School for maladjusted girls at Irchester and Northampton County Borough opened a day special class as a preliminary to the establishment of a day school for the maladjusted.

In connection with his work, Dr. Phillips reports that in addition to the statistics included at the end of this report, 163 other patients were referred to his hospital clinics and that 67% of his cases were referred to him by general practitioners. He also reports that when appropriate he transfers patients initially referred either to his hospital or to his local authority clinics so that the patient and family are seen in the surroundings most likely to be helpful to them.

Psychologists

The establishment during the year was unchanged with one Senior Educational Psychologist, Miss D. V. Scott and three educational psychologists. With the return of Mr. K. Hibbert at the end of his year's secondment to a special course, all the psychologists are now fully trained. Though the staff has not increased many more requests for their services are being made both by the Child Guidance Service and the School Psychological Service.

Social Work

The establishment of social workers was increased by one during 1969 but, due to difficulty in recruitment, the establishment was not fully staffed at any time during the year. Mr. G. Skinner, Senior Psychiatric Social Worker left at the end of March and it is regretted that his post remained unfilled for the remainder of the year. Mr. G. Parker joined the service in September and took up social work duties in the northern part of the county.

In common with the mental health social workers employed by the Health Department, social workers in the Child Guidance Service were decentralised during the course of the year. All mental health social workers employed by the authority are now integrated into three area teams. This allows an exchange of views between social workers and enables their skills to be deployed in the most appropriate way to deal with any particular type of family mental health problem. Certain social workers still concentrate almost exclusively on cases referred to the Child Guidance Service but there is opportunity for cases to be transferred if their needs can better be met by other social workers.

Child Psychotherapist

During the year approval in principle was given to the establishment of the post of part-time child psychotherapist in 1970.

MEDICAL EXAMINATION OF TEACHERS

The medical staff examined 302 candidates for admission to teachers' training colleges and to the teaching profession. A further 11 candidates were examined on behalf of other authorities. None was classified as medically unfit to teach.

MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

Sixty-six children in part-time employment were examined by school medical officers. None had to be advised to discontinue on medical grounds.

SCHOOL MEALS SERVICE AND THE MILK IN SCHOOLS SCHEME

The Chief Education Officer has kindly supplied the following figures:

TABLE 8

School meals service

	Autumn 1969	*Autumn* 1968
Number of canteens and dining centres	232	224
Number of primary and secondary school children taking mid-day meal daily	30,014	29,559
Percentage of primary and secondary school children taking meals	64.70	61.31
Milk in schools scheme		
Percentage of children taking milk :		
Primary	88.74	90.12
Nursery schools	100	98.59

TABLE 9

School eye clinics

Centre	*No. clinic sessions held*	*No. old cases*	*No. new cases*	*Total seen*
Corby Nuffield Diagnostic Centre	20	381	310	691
Kettering School Lane Clinic	21	325	250	575
Northampton General Hospital	34	218	140	358
Rushden Memorial Clinic	19	142	61	203
Wellingborough Oxford Street Clinic... ...	35	303	197	500
	129	1,369	958	2,307
	(152)	(1,456)	(949)	(2,405)
	The figures in brackets refer to 1968			
Brackley Cottage Hospital	7	27	14	41
Banbury—Horton General Hospital	5	20	14	34
	12	47	28	75
	(14)	(62)	(32)	(94)

No. of pupils for whom spectacles were prescribed—755.

TABLE 10

Dental inspection and treatment

Attendances and treatment

	Ages 5 to 9	*Ages 10 to 14*	*Ages 15 and over*	*Total*
First visit	5,743	3,798	647	10,188
Subsequent visits	8,663	7.089	1,591	17,343
Total visits	13,406	12,887	3,238	28,931
Additional courses of treatment commenced	1,956	723	100	2,779
Fillings in permanent teeth	3,583	8,739	1,628	13,950
Fillings in deciduous teeth	5,607	1,540	——	7,147
Permanent teeth filled	3,434	6,968	1,424	12,826
Deciduous teeth filled	5,028	379	——	6,407
Permanent teeth extracted	525	1,943	289	2,757
Deciduous teeth extracted	6,717	1,435	——	8,152
General anaesthetics	2,783	1,303	62	4,148
Emergencies	928	463	363	1,754
Number of pupils X-rayed				1,417
Prophylaxis				1,390
Teeth otherwise conserved				513
Number of teeth root filled				63
Inlays				24
Crowns				45
Courses of treatment completed				9,578

Orthodontics

Cases remaining from previous year		458
New cases commenced during year		285
Cases completed during year		277
Cases discontinued during year		52
No. of removable appliances fitted		501
No. of fixed appliances fitted		40
Pupils referred to hospital consultant	Advice	309
	Treatment	37

Prosthetics

	5 to 9	*10 to 14*	*15 and over*	*Total*
Pupils supplied with full upper or lower dentures (first time)	1	8	4	13
Pupils supplied with other dentures (first time)	5	32	12	49
Number of dentures supplied	6	40	16	62

Anaesthetics

General anaesthetics administered by Dental Officers	1,607

Inspections

(a)	First inspection at school. Number of pupils	21,339
(b)	First inspection at clinic. Number of pupils	5,995
	Number of (a) + (b) found to require treatment	15,573
	Number of (a) + (b) offered treatment	11,381
(c)	Pupils re-inspected at school or clinic	2,756
	Number of (c) found to require treatment	1,684

Sessions

Sessions devoted to treatment	4,143
Sessions devoted to inspection	217
Sessions devoted to dental health education	274

TABLE 11

Local Authority Dental Services for expectant and nursing mothers and children under 5 years as at December 1969

PART A. ATTENDANCES AND TREATMENT

Number of visits for treatment during year	*Children 0-4 (incl.)*	*Expectant and nursing mothers*
First visit	1,255	70
Subsequent visits	1,371	174
Total visits	2,626	244
Number of additional courses of treatment other than the first course commenced during year	86	16
Treatment provided during the year—number of fillings	2,154	147
Teeth filled	1,561	133
Teeth extracted	864	139
General anaesthetics given	359	15
Emergency visits by patients	175	18
Patients X-rayed	11	14
Patients treated by scaling and/or removal of stains from the teeth (Prophylaxis)	155	38
Teeth otherwise conserved	344	—
Teeth root filled	—	1
Inlays	—	—
Crowns	—	1
Number of courses of treatment completed during the year	1,038	38

PART B. PROSTHETICS

Patients supplied with full upper or full lower (first time)	5
Patients supplied with other dentures	12
Number of dentures supplied	20

PART C. ANAESTHETICS

General anaesthetics administered by dental officers	93

PART D. INSPECTIONS

	Children 0-4 (incl.)	*Expectant and nursing mothers*
Number of patients given first inspections during year	2,235	75
Number of patients in A and D above who required treatment	966	75
Number of patients in B and E above who were offered treatment	760	68

PART E. SESSIONS

Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients:	*For treatment*	460
	For health education	27

TABLE 12

Child Guidance Service

	Boys	*Girls*	*Total*
No. of cases referred during year	77	63	140
No. of cases waiting to be seen at clinic on January 1st, 1969 ...	12	14	26
No. of new cases seen	62	54	116
No. of cases not seen	5	7	12
No. of cases waiting to be seen at clinic on December 31st, 1969 ...	15	12	27
No. of cases under treatment on January 1st, 1969	99	44	143
No. of cases taken on for treatment during year...	50	38	88
No. of cases discharged during year	63	36	99
No. of cases under treatment on December 31st, 1969	86	46	132
REFERRED BY :			
General Practitioners	39	37	76
Parents	6	—	6
Schools	3	6	9
School Health Service	12	8	20
School Psychological Service	3	3	6
School Welfare Officers	—	—	—
Health Visitors	2	1	3
Courts	1	—	1
Probation Officers	—	—	—
Children's Officer	2	2	4
Hospital Consultants	9	3	12
Chief Education Officer	—	—	—
Other	—	3	3
REFERRED FOR :			
Nervous disorders	6	13	19
Habit disorders	9	8	17
Behaviour disorders	57	35	92
Organic disorders	—	1	1
Psychotic behaviour	1	3	4
Educational and vocational difficulties	4	—	4
Unclassified	—	1	1
No. of children discharged from Holyrood Hostel during year ...			7
No. of children admitted to Holyrood Hostel			7
No. of children removed against advice			1
No. of children discharged from Rostrevor Hostel during year ...			2
No. of children admitted to Rostrevor Hostel			5
No. of children removed against advice			—
No. of children in Residential Schools for Maladjusted Children ...			30

In addition, eight new cases were seen by Dr. B. F. Whitehead, Consultant Child Psychiatrist at Peterborough Hospital.

TABLE 13

Periodic medical inspections

Age groups inspected (By year of birth) (1)	*No. of pupils who have received a full medical examination* (2)	*Physical condition of pupils inspected*	
		Satisfactory (3)	*Unsatisfactory* (4)
1964	2,206	2,199	7
1963	2,327	2,323	4
1962	823	822	1
1961	397	397	—
1960	352	352	—
1959	586	585	1
1958	378	378	—
1957	164	164	—
1956	193	193	—
1955	352	352	—
1954 and earlier ...	322	322	—
Total ...	8,100	8,087	13

Col. (3) total as a percentage of Col. (2) total ... 99.84

Col. (4) total as a percentage of Col. (2) total ... 0.16

TABLE 14

Other inspections

A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of the periodic medical inspections or out of a special inspection.

Number of special inspections	356
Number of re-inspections	569
Total ...	925

TABLE 15

Defects found by periodic and special medical inspections during the year

Note: All defects, including defects of pupils at Nursery and Special Schools, noted at periodic and special medical inspections are included in this table, whether or not they were under treatment or observation at the time of the inspection.

Defect code No.	*Defect or disease*		*Periodic inspections*				*Special inspections*
			Entrants	*Leavers*	*Others*	*Total*	
4	Skin	T	7	—	1	8	—
		O	46	7	37	90	1
5	Eyes—(a) Vision	T	5	1	45	51	1
		O	31	7	62	100	5
	(b) Squint	T	3	—	12	15	—
		O	18	—	10	28	2
	(c) Other	T	1	—	4	5	—
		O	8	—	18	26	1
6	Ears—(a) Hearing	T	7	—	8	15	—
		O	49	3	36	88	5
	(b) Otitis media ...	T	8	—	1	9	—
		O	30	—	32	62	1
	(c) Other	T	2	—	2	4	—
		O	9	1	26	36	1
7	Nose and throat	T	151	3	68	222	—
		O	252	10	177	439	2
8	Speech	T	11	—	9	20	—
		O	66	1	31	98	5
9	Lymphatic glands	T	5	—	2	7	—
		O	30	1	20	51	—
10	Heart	T	2	1	2	5	—
		O	31	4	21	56	2
11	Lungs	T	29	1	10	40	—
		O	73	8	46	127	1
12	Developmental—(a) Hernia ...	T	3	—	—	3	—
		O	10	—	7	17	—
	(b) Other ...	T	8	—	8	16	—
		O	98	—	54	152	2

Table 15 continued

Defect code No.	*Defect or disease*		*Periodic inspections*				*Special inspections*
			Entrants	*Leavers*	*Others*	*Total*	
13	Orthopædic—(a) Posture ...	T	4	—	5	9	—
		O	13	2	17	32	—
	(b) Feet... ...	T	15	—	9	24	—
		O	60	4	56	120	5
	(c) Other ...	T	6	2	13	21	—
		O	44	7	46	97	3
14	Nervous system—(a) Epilepsy	T	1	—	1	2	—
		O	8	1	9	18	—
	(b) Other ...	T	3	—	2	5	—
		O	28	—	18	46	2
15	Psychological—(a) Development	T	2	—	4	6	—
		O	78	4	50	132	7
	(b) Stability ...	T	14	—	13	27	1
		O	96	4	85	185	8
16	Abdomen	T	5	—	4	9	—
		O	25	2	36	63	—
17	Other	T	7	—	3	10	—
		O	37	1	17	55	1

T=Requiring treatment, or already under treatment.
O=To be kept under observation.

TABLE 16

Pupils found to require treatment at periodic medical inspections

(including those already receiving treatment, but excluding dental diseases and infestation with vermin)

Age groups inspected (by year of birth)	*For defective vision (excluding squint)*	*For any other condition recorded*	*Total individual pupils*
1964	—	92	88
1963	5	149	147
1962	5	30	30
1961	7	24	30
1960	2	11	13
1959	16	56	69
1958	6	27	33
1957	9	19	27
1956	—	7	6
1955	—	5	5
1954 and earlier ...	1	2	2
Total ...	51	422	450

TABLE 17

Handicapped pupils requiring education at special schools or boarding in boarding homes

(From Chief Education Officer's return to Department of Education and Science)

During the calendar year ended 31st December, 1969	(1) Blind (2) Partially sighted		(3) Deaf (4) Partially hearing		(5) Physically handicapped (6) Delicate		(7) Maladjusted (8) Educationally sub-normal		(9) Epileptic	(10) Speech Defects	Total Cols. 1-10
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
A. How many handicapped pupils were newly assessed as needing special educational treatment at special schools or in boarding homes?	—	3	2	5	23	7	25	78	1	1	145
B. (i) of the children included at A, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	—	—	2	2	16	7	17	33	—	—	77
(ii) of the children assessed prior to 1st January, 1969, how many were newly placed in special schools (other than hospital special schools) or boarding homes?	2	1	—	—	3	4	8	41	—	1	60
Total (B(i) and B(ii))	2	1	2	2	19	11	25	74	—	1	137
On 22nd January, 1970, how many handicapped pupils from the Authority's area—											
C. (i) were requiring places in special schools—											
(a) day	—	—	—	—	2	—	—	55	—	—	57
(b) boarding	—	4	—	2	4	3	16	48	1	—	78
(ii) included at (i) had not reached the age of 5 and were awaiting (a) day places ...	—	—	—	—	1	—	—	—	—	—	1
(b) boarding places	—	—	—	1	—	—	—	—	—	—	1
(iii) included at (i) who had reached the age of 5, but whose parents had refused consent to their admission to a special school, were awaiting—											
(a) day places	—	—	—	—	—	—	—	15	—	—	15
(b) boarding places	—	—	—	—	—	3	5	36	—	—	44
(iv) included at (i) had been awaiting admission to special schools for more than one year	—	1	—	1	1	3	11	63	—	—	80
D. (i) were on the registers of											
1. maintained special schools as,											
(a) day pupils	—	—	—	—	47	15	6	273	6	1	348
(b) boarding pupils	—	5	1	8	4	2	6	81	—	—	107
2. non-maintained special schools as,											
(a) day pupils	—	—	—	—	—	—	—	—	—	—	—
(b) boarding pupils	9	3	12	9	13	7	7	3	5	1	69
3. independent schools under arrangements made by the Authority	—	—	—	—	1	2	24	1	—	—	28
4. Special classes and units not forming part of a special school	—	—	—	7	—	—	—	—	—	—	7
(ii) were boarded in homes and not already included under D. (i) above	—	—	—	—	—	—	13	—	—	—	13
Total (D)	9	8	13	24	65	26	56	358	11	2	572
E. **On 22nd January, 1970,** how many handicapped pupils (irrespective of the areas to which they belong) were being educated under arrangements made by the Authority in accordance with Section 56 of the Education Act, 1944											
(i) in hospitals	—	1	—	—	1	1	3	2	—	—	8
(ii) in other groups (e.g. units for spastics, convalescent homes)	—	—	—	—	—	—	—	—	—	—	—
(iii) at home	—	—	—	—	1	—	—	1	—	—	2

TABLE 18

Eye diseases, defective vision and squint

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	—
Errors of refraction (including squint)	2402
Total	2402

TABLE 19

Orthopaedic and postural defects

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	—
(b) Pupils treated at school for postural defects ...	—
Total	—

TABLE 20

Diseases and defects of ear, nose and throat

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	—
(b) for adenoids and chronic tonsillitis ...	10
(c) for other nose and throat conditions ...	—
Received other forms of treatment	2
Total	12

Total number of pupils in schools who are known to have been provided with hearing aids	
(a) in 1969	4
(b) in previous years	44

TABLE 21

Infestation with vermin

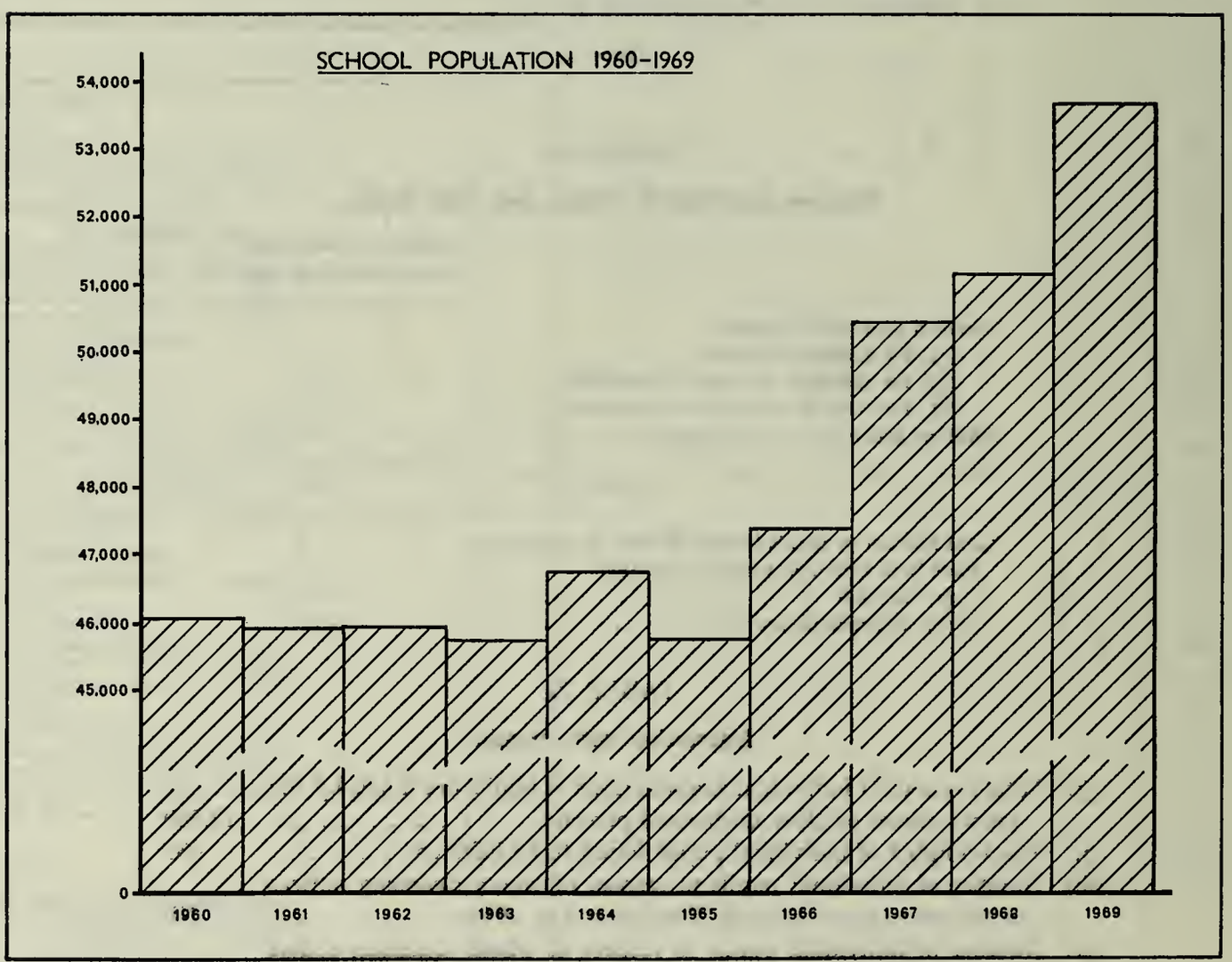
(i)	Total number of individual examinations of pupils in schools by the school nurses or other authorised persons	12,580
(ii)	Total number of individual pupils found to be infested	439
(iii)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	Nil
(iv)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	Nil

TABLE 22

Diseases of the skin

(Excluding uncleanliness, for which see Table 21)

	Number of cases known to have been treated
Ringworm—(i) Scalp	—
(ii) Body	—
Scabies	11
Impetigo	5
Other skin diseases	38
Total	54



CLINICS FOR SCHOOL CHILDREN

Dental

Corby—Pen Green Lane
—Stuart Road
Kettering—Stockburn Memorial Home
Northampton—Guildhall Road
Rushden—Rectory Road
Wellingborough—Oxford Street
Daventry—Health Centre

Refractions

Banbury—Horton Hospital
Brackley—Cottage Hospital
Corby—Diagnostic Centre
Kettering—School Lane
Northampton—General Hospital
Rushden—Memorial Hospital
Wellingborough—Oxford Street

Vaccination and Immunisation

Kettering—School Lane
Northampton—Guildhall Road
Rushden—Rectory Road
Wellingborough—Oxford Street

Audiology

Brackley—St. Peter's Road
Corby—Stuart Road
Kettering—Stockburn Memorial Home
Northampton—7 Cheyne Walk
Rushden—Rectory Road
Wellingborough—Oxford Street
Towcester-Methodist Schoolrooms
Daventry—Health Centre

Enuresis

Corby—Stuart Road
Daventry—Health Centre

Child Guidance

Corby—Pen Green Lane
—Stuart Road
Kettering—School Lane
—Stockburn Memorial Home
Northampton—Cliftonville Road
Wellingborough—Oxford Street
Rushden—Rectory Road

Ear, Nose and Throat

Corby—Diagnostic Centre
Kettering—General Hospital
Northampton—General Hospital
Rushden—Memorial Clinic

Speech Therapy

Corby—Beanfield
—Pen Green Lane
—Stuart Road
Kettering—Stockburn Memorial Home
Northampton—7 Cheyne Walk
Rushden—Rectory Road
Wellingborough—Oxford Street

Mobile Clinics

A mobile medical and three mobile dental clinics are used in certain parts of the county.

Two mobile clinics are used in rural areas for audiometric and vision testing, and for speech therapy.

CAUSES OF DEATH	Brackley M.B.		Burton Latimer U.D.		Corby U.D.		Daventry M.B.		Desboro' U.D.		Higham Ferrers M.B.		Irthlingborough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D.'S.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	24	19	30	25	150	106	42	51	31	26	26	16	31	22	275	239	19	31	36	40	42	37	124	92	248	180	1078	884
B4 Enteritis and other Diarrhoeal Diseases	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	3
B5 Tuberculosis of Respiratory System	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...
B6 Other Tuberculosis, incl. late effects	...	1	1	...	...	...	...	...	...	...	...	...	1	...	2	...	...	1	...	...	...	...	...	...	...	...	4	2
B17 Syphilis and its sequelae	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1
B18 Other infective and parasitic diseases	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	1	2
B19 (1) Malignant Neoplasm, Buccal Cavity etc.	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	2	1
B19 (2) Malignant Neoplasm, Oesophagus	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	2	...	4	1
B19 (3) Malignant Neoplasm, Stomach	...	...	1	...	4	3	...	3	1	2	...	...	1	1	10	13	...	...	1	...	...	1	2	3	5	1	25	27
B19 (4) Malignant Neoplasm, Intestine	...	1	1	2	1	9	...	...	1	1	1	...	2	...	6	9	1	...	2	1	...	...	2	2	6	4	23	29
B19 (5) Malignant Neoplasm, Larynx	...	...	...	...	1	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	2	...	4	1
B19 (6) Malignant Neoplasm, Lung, Bronchus	3	...	1	1	15	2	2	...	1	2	...	...	2	...	14	2	1	...	3	...	5	...	11	2	22	1	80	10
B19 (7) Malignant Neoplasm, Breast	...	...	...	3	...	4	...	2	...	...	...	1	...	1	...	4	...	1	...	2	...	1	...	2	...	12	...	33
B19 (8) Malignant Neoplasm, Uterus	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	4	...	...	...	...	...	...	...	3	...	1	...	11
B19 (9) Malignant Neoplasm, Prostate	...	...	...	...	2	...	1	...	...	...	1	...	2	...	4	...	...	...	...	...	...	...	4	...	8	...	22	...
B19 (10) Leukaemia	...	...	...	...	1	1	...	1	...	...	...	1	...	...	3	3	...	...	...	...	...	...	2	...	2	2	8	8
B19 (11) Other Malignant Neoplasms	...	1	...	...	6	10	3	2	4	2	1	2	2	1	13	10	2	2	2	1	2	3	11	5	16	11	62	50
B20 Benign and unspecified Neoplasms	...	1	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	4
B21 Diabetes Mellitus	...	...	...	1	...	2	...	1	1	1	1	1	...	1	...	4	1	...	...	2	1	...	2	2	1	2	7	17
B46 (1) Other Endocrine etc., Diseases	...	...	...	...	...	1	...	...	...	...	...	...	...	...	2	2	...	1	...	...	...	...	...	1	1	1	3	6
B23 Anaemias	...	...	1	...	1	...	...	...	...	...	...	...	...	...	1	2	...	...	...	...	...	...	...	...	...	1	3	3
B46 (2) Other diseases of the blood etc.	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	1
B46 (3) Mental disorders	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
B46 (4) Other diseases of nervous system etc.	...	...	1	1	2	1	2	...	...	...	...	1	...	...	6	2	...	...	...	...	2	...	1	1	2	...	16	6
B26 Chronic rheumatic Heart Disease	1	1	...	...	1	2	...	1	2	3	1	...	...	...	4	6	...	1	...	2	...	2	2	4	4	1	15	23
B27 Hypertensive disease	...	1	1	1	7	7	...	2	1	1	1	...	1	...	9	11	...	3	2	3	...	3	8	9	4	4	34	45
B28 Ischaemic Heart Disease	7	4	11	1	30	14	11	15	4	4	10	4	8	1	63	51	3	7	11	5	16	6	27	18	52	25	253	155
B29 Other forms of heart disease	1	1	2	2	3	5	...	2	3	2	...	...	5	3	5	15	3	...	3	7	1	4	3	1	10	14	39	56
B30 Cerebrovascular disease	6	2	1	4	10	12	6	8	3	1	4	1	2	7	35	38	3	4	2	6	4	5	13	13	24	39	113	140
B46 (5) Other diseases of circulatory system	...	2	...	2	5	4	5	4	...	3	...	...	1	2	8	12	1	3	1	1	3	...	5	7	17	17	46	57
B31 Influenza	...	...	1	...	2	...	...	...	...	...	...	...	1	...	2	2	...	...	...	1	...	1	...	...	7	1	13	5
B32 Pneumonia	3	1	1	2	6	5	7	4	4	...	1	...	...	2	9	9	4	3	...	3	...	2	7	3	13	12	55	46
B33 (1) Bronchitis and emphysema	2	...	2	1	18	5	3	...	4	1	2	1	1	...	31	12	...	...	2	...	3	3	10	6	24	4	102	33
B33 (2) Asthma	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	1	1	1	...	2	5
B46 (6) Other diseases of respiratory system	1	2	...	...	3	1	...	...	...	...	1	1	2	...	5	1	...	...	...	...	...	...	2	...	1	2	15	7
B34 Peptic ulcer	...	...	...	...	1	2	...	...	...	...	1	...	...	...	7	1	...	...	...	...	1	...	...	...	2	2	12	5
B35 Appendicitis	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	2	...
B36 Intestinal obstruction and hernia	...	...	...	...	...	1	...	...	...	...	...	...	...	...	4	...	...	...	...	...	1	2	...	2	...	1	5	6
B37 Cirrhosis of liver	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	...	2	...	3	2
B46 (7) Other diseases of digestive system	...	...	...	...	1	1	...	...	...	...	...	...	...	1	5	6	...	...	1	1	...	1	1	...	1	2	9	12
B38 Nephritis and Nephrosis	...	...	...	...	1	...	...	...	...	...	...	...	...	...	2	1	...	...	...	...	...	...	...	...	...	1	3	2
B39 Hyperplasia of prostate	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	1	...	...	...	3	...
B46 (8) Other diseases, genito-urinary system	...	...	...	2	1	...	1	...	...	...	...	...	...	1	1	3	...	1	...	1	...	1	...	2	1	5	4	16
B46 (10) Diseases of musculo-skeletal system	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	1	...	1	1	3	3
B42 Congenital anomalies	...	1	1	...	1	1	...	2	...	1	...	...	...	...	2	1	...	1	...	1	...	1	...	...	3	2	7	11
B43 Birth injury, difficult labour, etc.	...	...	...	...	3	1	...	...	...	...	...	...	...	...	1	...	...	...	...	1	...	...	1	...	...	1	5	3
B44 Other causes of perinatal mortality	...	...	...	...	4	3	...	1	...	...	...	...	...	...	3	1	...	...	1	...	...	...	...	1	1	1	9	7
B45 Symptoms and ill-defined conditions	...	...	...	...	...	1	...	1	...	...	...	...	...	...	1	...	...	2	...	1	...	...	...	...	...	...	1	5
BE47 Motor vehicle accidents	...	...	1	1	6	...	...	...	2	...	...	...	...	...	8	...	...	...	1	...	2	...	2	...	6	1	28	2
BE48 All other accidents	...	...	1	...	7	2	1	1	...	...	...	...	...	...	3	5	...	...	2	...	...	1	2	2	5	1	21	12
BE49 Suicide and self-inflicted injuries	...	...	1	...	2	1	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	2	...	2	3	8	4
BE50 All other external causes	...	...	...	...	1	1	...	...	...	...	...	1	...	...	...	...	...	1	...	...	...	...	...	...	...	2	1	5

CAUSES OF DEATH IN ADMINISTRATIVE AREAS—RURAL DISTRICTS

CAUSES OF DEATH	Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Welling-borough R.D.		Aggregate of R.Ds.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
ALL CAUSES	79	56	99	101	122	98	86	64	150	138	138	107	108	92	98	90	880	746
B4 Enteritis and other diarrhoeal diseases	...	...	...	...	...	...	...	...	1	2	1	1	...	...	...	...	2	3
B5 Tuberculosis of respiratory system	...	...	...	...	...	...	...	...	1	...	2	...	...	...	1	...	4	...
B6 Other tuberculosis, incl. late effects	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	...
B18 Other infective and parasitic diseases	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	2	...
B19 (1) Malignant neoplasm, buccal cavity, etc.	...	...	...	...	1	...	...	...	...	...	...	1	1	...	...	...	2	1
B19 (2) Malignant neoplasm, oesophagus	...	...	...	...	1	...	...	...	1	...	...	...	1	...	1	...	4	...
B19 (3) Malignant neoplasm, stomach	2	2	4	4	1	1	4	2	6	2	4	2	...	...	2	4	23	17
B19 (4) Malignant neoplasm, intestine	1	1	5	1	2	4	2	2	3	1	7	3	2	2	3	2	25	16
B19 (6) Malignant neoplasm, lung, bronchus	8	1	11	2	17	4	12	...	9	...	11	1	5	1	6	2	79	11
B19 (7) Malignant neoplasm, breast	...	3	...	3	...	4	...	1	...	2	...	...	...	2	...	4	...	19
B19 (8) Malignant neoplasm, uterus	...	...	...	1	...	2	...	1	...	2	...	3	...	...	...	...	...	9
B19 (9) Malignant neoplasm, prostate	1	...	...	...	2	...	1	...	1	...	3	...	1	...	4	...	13	...
B19 (10) Leukaemia	...	3	...	...	1	...	...	...	...	2	1	1	2	1	1	...	5	7
B19 (11) Other malignant neoplasms	2	5	6	6	10	8	5	4	6	4	7	9	7	7	6	7	49	50
B20 Benign and unspecified neoplasms	...	...	1	...	...	...	...	...	...	...	...	...	...	1	1	1	2	2
B21 Diabetes Mellitus	1	...	1	...	...	...	...	1	...	1	...	2	...	...	3	2	5	6
B22 Avitaminoses etc.	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1
B46 (1) Other endocrine etc. diseases	...	1	...	2	...	...	...	...	...	2	...	...	...	1	...	...	...	6
B23 Anaemias	...	1	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	2
B46 (3) Mental disorders	...	1	...	...	...	1	...	...	...	2	...	1	...	1	...	...	...	6
B24 Meningitis	1	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1
B46 (4) Other diseases of nervous system, etc.	...	...	...	...	1	1	1	2	3	2	1	2	...	...	...	...	6	7
B26 Chronic rheumatic heart disease	1	1	...	2	...	1	1	...	...	1	1	1	2	1	5	3	10	10
B27 Hypertensive disease	1	1	2	1	5	1	3	2	4	3	...	5	2	...	1	2	18	15
B28 Ischaemic heart disease	20	15	25	36	35	21	22	11	29	25	28	21	33	24	23	28	215	181
B29 Other forms of heart disease	7	3	2	2	1	6	3	1	13	13	9	7	4	6	1	2	40	40
B30 Cerebrovascular disease	10	7	12	19	7	18	5	17	18	27	13	20	15	14	9	15	89	137
B46 (5) Other diseases of circulatory system	3	1	4	6	10	8	2	3	4	5	3	5	7	6	1	3	34	37
B31Influenza	...	...	1	...	3	1	...	2	2	1	1	...	1	2	...	...	8	6
B32 Pneumonia	6	4	7	3	7	6	4	3	21	17	13	8	6	9	4	2	68	52
B33 (1) Bronchitis and emphysema	5	2	7	3	6	1	6	3	7	3	15	2	5	2	8	2	59	18
B33 (2) Asthma	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	1	1
B46 (6) Other diseases of respiratory system	2	1	1	2	1	...	...	...	1	1	...	2	1	...	2	2	8	8
B34 Peptic ulcer	...	...	1	...	1	2	1	1	3	1	1	2	1	...	1	...	9	6
B35 Appendicitis	...	...	...	...	...	...	...	...	...	2	...	...	...	1	...	...	...	3
B36 Intestinal obstruction and hernia	...	...	...	...	1	...	...	...	1	1	...	...	...	...	...	...	2	1
B37 Cirrhosis of liver	...	...	...	...	...	...	...	1	...	...	...	1	1	1	...	...	1	3
B46 (7) Other diseases of digestive system	2	...	...	1	1	3	...	1	1	2	2	1	1	2	...	...	7	10
B38 Nephritis and nephrosis	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	1	1	2
B39 Hyperplasia of prostate	...	...	...	...	1	...	1	...	1	...	2	...	...	...	...	...	5	...
B46 (8) Other diseases, genito-urinary system	...	1	...	1	...	...	1	...	3	2	1	1	...	...	2	...	7	5
B41 Other complications of pregnancy etc.	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1
B46 (9) Diseases of skin, subcutaneous tissue	1	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	2	1
B46 (10) Diseases of musculo-skeletal system	...	...	...	...	...	...	3	2	...	...	...	1	...	...	1	...	4	3
B42 Congenital anomalies	...	...	3	1	...	...	...	1	2	2	1	...	...	...	1	2	7	6
B43 Birth injury, difficult labour etc.	...	...	...	...	1	...	2	...	...	...	...	...	1	...	...	1	4	1
B44 Other causes of perinatal mortality	...	...	1	...	...	2	...	...	...	1	1	...	1	...	1	1	4	4
B45 Symptoms and ill-defined conditions	...	...	1	1	1	2	1	...	...	1	...	1	1	1	...	...	4	6
BE 47 Motor vehicle accidents	2	...	1	...	4	...	4	...	2	...	5	...	2	2	2	...	22	2
BE48 All other accidents	3	1	1	3	1	...	2	2	4	6	...	2	3	1	5	3	19	18
BE49 Suicide and self-inflicted injuries	...	...	...	1	...	...	...	...	3	1	1	...	...	1	1	...	5	3
BE50 All other external causes	...	...	2	...	...	...	...	...	...	1	1	...	...	1	1	...	4	2

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSE OF DEATH	Sex	AGGREGATE OF URBAN DISTRICT												AGGREGATE OF RURAL DISTRICTS									
		Total All Ages	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	75 & *over*	*Total All Ages*	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	75 & *over*
B4 Enteritis and other diarrhoeal diseases	M.	...	...	...	...	...	...	...	...	...	...	...	...	2	1	1	...	...	...	...	...	...	...	...	...
	F.	3	...	1	...	...	...	...	...	...	...	...	2	3	1	...	...	...	...	...	...	...	...	...	2
B5 Tuberculosis of respiratory system	M.	1	...	...	...	...	...	...	1	...	...	...	...	4	...	...	...	...	...	...	...	...	2	1	1
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B6 Other tuberculosis, including late effects	M.	4	...	...	...	...	...	...	...	2	...	...	2	1	...	...	...	...	...	...	...	...	1	...	...
	F.	2	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
B17 Syphilis and its sequelae	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B18 Other infective and parasitic diseases	M.	1	...	...	...	...	...	...	...	...	1	...	...	2	...	1	1	...	...	...	...	...	...	...	...
	F.	2	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
B19 (1) Malignant neoplasm, buccal cavity etc.	M.	2	...	...	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	1	1	
	F.	1	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	1	...	...	...
B19 (2) Malignant neoplasm, oesophagus	M.	4	...	...	...	...	...	...	...	...	1	1	2	4	...	...	...	...	...	...	...	1	1	1	1
	F.	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
B19 (3) Malignant neoplasm, stomach	M.	25	...	...	...	...	...	...	...	4	5	6	10	23	...	...	...	...	...	...	...	...	5	11	7
	F.	27	...	...	...	...	...	...	...	1	5	9	12	17	...	...	...	...	...	...	...	...	2	4	11
B19 (4) Malignant neoplasm, Intestine	M.	23	...	...	...	...	...	...	2	2	4	9	6	25	...	...	...	...	...	...	...	2	7	7	9
	F.	29	...	...	...	...	...	...	2	2	2	12	11	16	...	...	...	...	...	...	...	1	3	7	5
B19 (5) Malignant neoplasm, larynx	M.	4	...	...	...	...	...	...	...	...	2	2	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	1	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...
B19 (6) Malignant neoplasm, lung, Bronchus	M.	80	...	...	...	...	...	...	...	7	26	28	19	79	...	...	...	...	...	...	...	7	20	41	11
	F.	10	...	...	...	...	1	...	...	...	3	1	5	11	...	...	...	...	...	...	1	1	3	6	...
B19 (7) Malignant neoplasm, breast	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	33	...	...	...	...	...	...	2	6	9	8	8	19	...	...	...	...	...	...	1	5	3	5	5
B19 (8) Malignant neoplasm, uterus	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	11	...	...	...	...	...	...	1	1	4	5	...	9	...	...	...	...	...	...	...	1	3	4	1
B19 (9) Malignant neoplasm, prostate	M.	22	...	...	...	...	...	...	...	1	2	6	13	13	...	...	...	...	...	...	...	...	1	5	7
	F.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B19 (10) Leukaemia	M.	8	...	...	...	...	...	...	...	1	1	1	5	5	...	...	...	2	...	...	1	...	...	2	...
	F.	8	...	1	...	1	1	...	...	...	2	2	1	7	...	...	...	...	...	1	1	1	...	1	3
B19 (11) Other malignant neoplasms	M.	62	...	...	2	2	2	2	2	4	15	19	14	49	...	...	2	...	...	...	...	3	16	17	11
	F.	50	...	...	...	...	1	2	4	6	11	17	9	50	...	...	...	...	1	...	2	3	13	16	15
B20 Benign and unspecified neoplasms	M.	1	...	...	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	...	1	...	...	1
	F.	4	...	1	...	...	...	...	...	2	1	...	...	2	...	...	...	1	...	...	...	1	...	...	...

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON.

CAUSE OF DEATH	Sex	AGGREGATE OF URBAN DISTRICT												AGGREGATE OF RURAL DISTRICTS									
		Total All Ages	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*	*Total All Ages*	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*
B21 Diabetes mellitus	M.	7	...	...	...	...	...	...	...	...	...	4	3	5	...	...	...	...	...	1	...	1	...	2	1
	F.	17	...	...	...	...	...	...	...	1	1	6	9	6	...	...	...	...	...	1	...	...	...	2	3
B22 Avitaminoses, etc.	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
B46 (1) Other endocrine etc., diseases	M.	3	...	...	1	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	6	...	...	...	...	...	1	...	...	1	1	3	6	...	...	...	...	1	...	...	...	1	2	2
B23 Anaemias	M.	3	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	...	...	...	...	...	...	...	...
	F.	3	...	...	...	...	...	...	...	...	...	...	3	2	...	...	...	...	...	...	...	...	...	...	2
B46 (2) Other diseases of Blood, etc.	M.	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	1	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...
B46 (3) Mental Disorders.....	M.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	1	...	...	...	...	...	1	...	...	...	...	...	6	...	...	...	...	...	...	...	...	...	2	4
B24 Meningitis	M.	...	...	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	...
B46 (4) Other diseases of nervous system, etc.	M.	16	...	...	...	...	...	...	2	2	2	4	6	6	...	...	...	...	...	...	...	1	...	1	3	1
	F.	6	...	1	1	...	...	...	...	...	1	1	2	7	...	...	...	...	...	...	...	1	1	2	1	2
B26 Chronic rheumatic heart disease	M.	15	...	...	...	...	...	...	...	...	6	6	3	10	...	...	...	...	...	...	...	1	...	3	5	1
	F.	23	...	...	...	...	...	1	...	2	4	5	11	10	...	...	...	...	...	...	...	...	2	2	2	4
B27 Hypertensive disease	M.	34	...	...	...	...	...	...	1	2	9	15	7	18	...	...	...	...	...	...	...	...	1	5	4	8
	F.	45	...	...	...	1	...	...	...	1	5	13	25	15	...	...	...	...	...	...	...	...	2	1	2	10
B28 Ischaemic heart disease	M.	253	...	...	...	...	...	...	5	28	54	91	75	215	...	...	...	...	...	...	...	2	14	38	72	89
	F.	155	...	...	...	...	...	...	2	2	13	43	95	181	...	...	...	...	...	...	1	1	3	15	45	116
B29 Other forms of heart disease ...	M.	39	...	...	...	...	...	...	1	1	4	8	25	40	...	...	...	...	...	1	...	2	1	8	28
	F.	56	...	...	...	...	...	...	...	1	2	8	45	40	...	...	1	...	...	...	...	...	4	6	29
B30 Cerebrovascular disease	M.	113	...	...	...	...	...	2	...	5	11	36	59	89	...	1	...	...	...	...	...	1	4	11	21	51
	F.	140	...	...	...	...	...	...	1	2	9	26	102	137	...	...	...	...	...	...	...	1	2	9	32	93
B46 (5) Other diseases of circulatory system.....	M.	46	...	...	...	...	...	...	...	2	1	12	31	34	...	...	...	...	...	...	...	...	...	6	8	20
	F.	57	...	...	...	...	...	...	...	1	6	9	41	37	...	...	...	...	...	...	...	1	1	3	7	25
B31 Influenza	M.	13	—	1	...	...	...	...	...	...	5	5	2	8	...	...	...	...	...	...	...	1	1	1	2	3
	F.	5	...	...	...	...	...	...	...	...	2	1	2	6	...	...	...	...	...	...	...	...	1	...	2	3
B32 Pneumonia	M	55	1	6	...	...	...	...	...	2	4	15	27	68	...	2	1	...	...	1	1	3	10	22	28
	F.	46	...	3	1	...	...	...	1	1	2	6	32	52	1	...	...	...	...	...	1	3	3	11	33
B33 (1) Bronchitis and emphysema	M.	102	...	...	...	...	...	...	...	3	21	36	42	59	...	1	...	...	...	...	1	2	8	20	27
	F.	33	...	...	...	...	...	...	...	3	5	3	22	18	...	...	...	...	...	...	...	...	2	6	10
B33 (2) Asthma.....	M.	2	...	...	...	...	...	...	1	...	...	1	...	1	...	...	...	...	...	...	1	...	...	...	...
	F.	5	...	...	...	...	...	1	...	...	1	1	2	1	...	...	...	...	...	...	...	...	...	1	...
B46 (6) Other diseases of respiratory system.....	M.	15	...	5	...	...	...	...	1	1	4	1	3	8	...	...	1	...	...	...	...	...	...	...	7
	F.	7	...	2	1	...	...	...	...	1	1	...	2	8	...	1	...	...	...	...	...	...	...	2	5
B34 Peptic ulcer	M.	12	...	...	...	...	...	...	...	1	5	5	1	9	...	...	...	...	...	...	...	...	4	...	5
	F.	5	...	...	...	...	...	...	...	...	...	...	5	6	...	...	...	...	...	...	...	...	1	1	4

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF NORTHAMPTON

CAUSE OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS												AGGREGATE OF RURAL DISTRICTS										
		Total All Ages	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*	*Total All Ages*	*Under 4 weeks*	*4 wks. and Under 1 year*	1—	5—	15—	25—	35—	45—	55—	65—	*75 & over*
B35 Appendicitis	M.	2	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	F.	...	...	...	...	...	...	...	...	...	...	...	...	3	...	...	...	...	...	...	...	...	...	...	3
B36 Intestinal obstruction and hernia	M.	5	1	...	...	...	...	...	...	...	...	3	1	2	...	...	...	...	...	...	...	...	...	...	2
	F.	6	1	...	...	...	...	...	...	...	1	...	4	1	...	...	...	...	...	...	...	...	...	1	...
B37 Cirrhoses of liver	M.	3	...	...	...	...	...	...	...	2	1	...	...	1	...	...	...	...	...	...	...	...	...	1	...
	F.	2	...	...	...	...	...	...	...	...	...	...	2	3	...	...	...	...	...	...	...	...	...	...	3
B46 (7) Other diseases of digestive system	M.	9	...	...	...	...	...	1	...	...	3	4	1	7	...	...	...	...	...	...	...	...	1	3	3
	F.	12	...	...	...	...	...	...	...	...	1	4	7	10	1	...	...	...	...	...	...	1	1	1	6
B38 Nephritis and nephrosis	F.	3	...	...	...	...	...	...	...	1	1	1	...	1	...	...	...	...	...	...	...	...	1	...	...
	F.	2	...	...	...	...	...	...	...	...	...	2	...	2	...	...	...	...	...	...	...	...	1	1	...
B39 Hyperplasia of prostate	M.	3	...	...	...	...	...	...	...	...	...	2	1	5	...	...	...	...	...	...	...	...	...	1	4
B46 (8) Other diseases, genito-urinary system	M.	4	...	...	1	...	...	...	...	...	...	...	3	7	...	...	...	...	...	...	...	1	2	...	4
	F.	16	...	...	...	...	...	...	...	1	1	4	10	5	...	...	...	...	...	...	...	1	...	1	3
B41 Other complications of pregnancy, etc.	F.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	1	...	...	...	...
B46 (9) Diseases of skin, subcutaneous tissue	M.	...	...	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	2
	F.	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	1
B46 (10) Diseases of musculo-skeletal system	M.	3	...	...	...	...	...	...	...	...	1	...	2	4	...	...	...	...	1	...	...	...	1	...	2
	F.	3	...	...	...	...	...	...	...	...	...	...	3	3	...	...	...	...	...	...	...	...	1	...	2
B42 Congenital anomalies	M.	7	3	2	1	...	1	...	...	...	...	...	...	7	3	2	...	1	1	...	...	...	...	...	...
	F.	11	2	6	1	1	...	...	...	...	...	1	...	6	3	...	1	...	1	...	...	1	...	...	...
B43 Birth injury, difficult labour, etc.	M.	5	5	...	...	...	...	...	...	...	...	...	...	4	4	...	...	...	...	...	...	...	...	...	...
	F.	3	3	...	...	...	...	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...
B44 Other causes of perinatal mortality	M.	9	9	...	...	...	...	...	...	...	...	...	...	4	4	...	...	...	...	...	...	...	...	...	...
	F.	7	7	...	...	...	...	...	...	...	...	...	...	4	3	1	...	...	...	...	...	...	...	...	...
B45 Symptoms and ill-defined conditions	M.	1	...	...	...	...	...	...	...	...	...	...	1	4	...	...	...	...	...	...	...	1	...	...	3
	F.	5	...	...	...	...	...	...	...	...	...	...	5	6	...	...	...	...	...	...	...	...	...	...	6
BE47 Motor vehicle accidents	M.	28	...	...	...	...	6	6	2	4	4	5	1	22	...	...	...	3	6	6	2	3	2	...	...
	F.	2	...	...	...	...	...	...	1	...	1	...	...	2	...	...	...	1	1	...	...	...	...	...	...
BE48 All other accidents	M.	21	...	1	...	1	5	2	1	3	1	...	7	19	...	...	1	1	3	...	...	1	4	2	7
	F.	12	...	1	...	...	...	...	...	1	1	1	8	18	...	...	...	...	...	...	1	...	3	4	10
BE49 Suicide and self-inflicted injuries	M.	8	...	...	...	...	1	2	...	3	2	...	...	5	...	...	...	...	...	1	1	2	...	1	...
	F.	4	...	...	...	...	...	1	...	...	1	...	2	3	...	...	...	...	...	...	...	1	1	1	...
BE50 All other external causes	M.	1	...	...	...	...	...	...	...	1	...	...	...	4	...	...	...	...	1	...	2	1	...	...	...
	F.	5	...	...	...	...	...	...	1	3	1	...	...	2	...	...	...	...	...	...	...	...	1	...	1
TOTAL ALL CAUSES	M.	1078	19	15	5	3	16	15	20	83	200	327	375	880	13	8	6	7	12	11	14	51	152	261	345
	F.	884	13	16	4	3	3	7	15	39	98	192	494	746	10	2	3	2	4	3	12	33	78	176	423

URBAN DISTRICTS		Brackley M.B.		Burton Latimer U.D.		Corby U.D.		Daventry M.B.		Desboro' U.D.		Higham Ferrers M.B.		Irthlingborough U.D.		Kettering M.B.		Oundle U.D.		Raunds U.D.		Rothwell U.D.		Rushden U.D.		Wellingborough U.D.		Aggregate of U.D's.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Live Births	Total	50	43	60	60	491	515	141	129	56	34	37	32	33	49	330	331	17	25	62	48	31	34	170	163	361	339	1839	1802
	Legitimate ...	42	41	55	57	438	472	138	124	53	32	36	30	31	43	303	308	16	23	58	44	26	33	159	153	318	313	1673	1673
	Illegitimate ...	8	2	5	3	53	43	3	5	3	2	1	2	2	6	27	23	1	2	4	4	5	1	11	10	43	26	166	129
Still Births	Total	1	1	...	2	10	6	3	1	...	...	2	...	...	...	...	4	...	1	...	1	2	1	3	4	6	3	27	24
	Legitimate ...	1	1	...	2	8	4	3	1	...	...	1	...	...	...	...	3	...	1	...	1	2	1	3	3	4	3	22	20
	Illegitimate ...	...	...	...	...	2	2	...	...	...	...	1	...	...	...	...	1	...	...	...	...	...	...	...	1	2	...	5	4
Deaths of Infants under 1 year of age	Total	2	1	1	...	12	7	...	2	...	1	1	...	...	...	7	3	1	1	1	2	...	2	3	1	6	9	34	29
	Legitimate ...	1	1	1	...	12	5	...	2	...	1	1	...	...	...	7	3	1	1	1	1	...	2	3	1	6	8	33	25
	Illegitimate ...	1	...	...	...	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	1	1	4
Deaths of Infants under 4 weeks of age	Total	...	...	1	...	8	4	...	2	...	...	...	...	...	...	5	1	...	...	1	1	...	1	1	1	3	3	19	13
	Legitimate ...	...	...	1	...	8	3	...	2	...	...	...	...	...	...	5	1	...	...	1	1	...	1	1	1	3	2	19	11
	Illegitimate ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2
Deaths of Infants under 1 week of age	Total	...	...	1	...	7	4	...	1	...	...	...	...	...	...	5	1	...	...	1	1	...	1	1	1	2	2	17	11
	Legitimate ...	...	...	1	...	7	3	...	1	...	...	...	...	...	...	5	1	...	...	1	1	...	1	1	1	2	1	17	9
	Illegitimate ...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2
Estimated mid-year Home Population		5,120		5,450		49,210		10,200		4,980		4,480		5,240		40,040		3,760		5,370		4,670		18,130		35,680		192,240	
Comparability Factors	Births ...	1.02		1.01		0.83		1.32		1.29		1.30		1.03		1.10		1.30		1.18		1.24		1.08		1.05		1.03	
	Deaths ...	0.88		1.14		2.50		0.87		0.87		1.14		1.06		0.87		0.57		0.79		0.90		0.94		0.87		1.06	

RURAL DISTRICTS		Brackley R.D.		Brixworth R.D.		Daventry R.D.		Kettering R.D.		Northampton R.D.		Oundle and Thrapston R.D.		Towcester R.D.		Wellingborough R.D.		Aggregate of R.D's.	
		M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Live Births	Total	128	122	125	132	141	147	82	91	194	186	135	124	198	209	179	140	1182	1151
	Legitimate ...	123	114	118	123	128	140	76	85	188	180	126	117	181	198	170	136	1110	1093
	Illegitimate ...	5	8	7	9	13	7	6	6	6	6	9	7	17	11	9	4	72	58
Still Births	Total	2	1	1	3	3	3	1	2	1	4	1	2	4	4	1	1	14	20
	Legitimate ...	2	...	1	3	3	1	1	2	1	4	1	1	4	4	1	1	14	16
	Illegitimate ...	...	1	...	...	...	2	...	...	...	...	...	1	...	...	...	...	...	4
Deaths of Infants under 1 year of age	Total	2	1	3	...	1	2	2	1	4	4	5	...	3	1	1	3	21	12
	Legitimate ...	1	1	3	...	1	1	1	1	4	3	4	...	3	1	1	3	18	10
	Illegitimate ...	1	...	...	...	...	1	1	...	...	1	1	...	...	...	...	...	3	2
Deaths of Infants under 4 weeks of age	Total	1	...	3	...	1	2	2	1	2	3	1	...	2	1	1	3	13	10
	Legitimate ...	1	...	3	...	1	1	1	1	2	2	1	...	2	1	1	3	12	8
	Illegitimate ...	...	...	...	...	...	1	1	...	...	1	...	...	...	...	...	...	1	2
Deaths of Infants under 1 week of age	Total	...	...	3	...	1	1	2	...	1	2	1	...	2	...	1	3	11	6
	Legitimate ...	...	...	3	...	1	1	1	...	1	2	1	...	2	...	1	3	10	6
	Illegitimate ...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	1	—
Estimated mid-year Home Population		14,000		17,150		19,150		12,310		22,160		18,220		18,580		16,350		137,920	
Comparability Factors	Births ...	1.22		1.11		1.24		1.13		1.05		1.09		1.09		1.10		1.12	
	Deaths ...	1.15		0.79		1.03		1.01		0.78		1.00		0.94		0.95		0.94	

APPENDIX 1

REVIEW OF FAMILY PLANNING NEEDS AND SERVICES IN THE COUNTY OF NORTHAMPTONSHIRE

(*Report presented to Maternity, Nursing and Care Sub-Committee on 9th September*, 1969)

(A) Introduction

1. In 1967, the Minister of Health asked local health authorities to plan the provision of family planning services jointly with the representatives of hospital authorities, general practioners and the Family Planning Association or other such voluntary bodies, to ensure the availability of a comprehensive service in all areas. (Circular 15/67).

2. The National Health Service (Family Planning) Act, 1967, extended the existing powers of local authorities in order to enable them to provide (or arrange for other bodies to provide) advice on contraception and supplies for any persons who need them on social grounds as well as on medical grounds. By this Act, the local authority is empowered, subject to the Secretary of State's approval, to recover such charges for the provision of advice, the giving of prescriptions or the supply of substances or appliances as the authority consider reasonable having regard to the means of the recipient. The Minister indicated (Circular 15/67) that he would not approve the making of any charges in medical cases, or of charges for advice or examination in non-medical cases.

A survey conducted at the Corby and Kettering Family Planning Clinics in 1967, showed that the majority of women attending had no more than three children and came from social classes I, II and III. This indicated that those most in need of help with family limitation and spacing were not attending the clinics.

3. In December 1967, the Maternity, Nursing and Care Sub-Committee of the Health Committee agreed to the provision of a comprehensive family planning service in which advice and supplies to patients referred on medical grounds and on grounds of social priority should be given free of charge. A sum of money required for this purpose was included in the estimates for the year 1968/69, but was subsequently reduced due to the economic situation.

(B) The need for family planning services

1. Family planning facilities may need to be increased in an area where there is evidence of a need for

(i) limitation of family size
or (ii) more judicious spacing of births

Evidence of these needs exists where there is a relatively high proportion of families containing a large number of children and where there is a relatively high proportion of women of high parity for their age.

2. Information on family size is not readily available. The sample census taken in 1966 showed that the numbers of people in Northamptonshire households were in the same proportion as England and Wales generally.

Table I: *Proportion of all households represented by households containing various numbers of people. (General Register Office Sample Census* 1966, *County Report, Northamptonshire).*

Number of persons in household	*Proportion of all households*	
	Northants. A.C. per cent	*England and Wales per cent*
5	9.0	8.5
6	3.8	3.9
7	1.5	1.3
8 or more	1.3	1.1
5 or more	15.6	14.8

3. Information about the proportion of births occurring in 1968 to women of high parity relative to their age was retrieved from the County Council computer. This group of women was defined, arbitrarily, as follows:

women aged 14 or under giving birth to their 1st or subsequent babies
women aged 15-19 giving birth to their 2nd or subsequent babies
women aged 20-24 giving birth to their 3rd or subsequent babies
women aged 25-29 giving birth to their 4th or subsequent babies
women aged 30-34 giving birth to their 5th or subsequent babies
women aged 35-39 giving birth to their 6th or subsequent babies
women aged 40 or over giving birth to their 7th or subsequent babies

17.5 per cent of births in Northamptonshire in 1968 were to women who had already borne a large number of children relative to their age.

In individual areas of the county the proportions of such births were highest where the population was increasing most rapidly and where the influx of population was greatest, namely Corby (22.8%), Wellingborough (22.2%) and Daventry (20.4%). (Table VII).

4. The tendency for Northamptonshire women of child-bearing age to give birth has been increasing steadily over the past five years. When the adjusted birth rate is compared for these years with the adjusted birth rates of other counties and with the birth-rate for England and Wales, it is observed that by 1967 the Northamptonshire adjusted birth-rate was 11 per cent above the national average and higher than that of any other English county. In 1968, the adjusted birth rate was 18 per cent above the national average, and while comparative figures for the rest of the county are not yet available, it is likely that Northamptonshire's rate will again be the highest. The increasing trend is shown in Table II. (See also Table VII).

Table II: *Ratio of adjusted (standardised) birth-rate, Northants. A.C. to birth-rate of England and Wales,* 1964-68.

Year	*Ratio*
1964	1.06
1965	1.09
1966	1.11
1967	1.11
1968	1.18

5. The ratio of the adjusted birth-rate to the national birth-rate rises in Northamptonshire parallel with, but one year later than, the proportionate increase in the number of dwellings available over the number available in the previous year. (See Table XI). This association holds good for the majority of individual areas within the county and especially for those areas where the amount of new housing completed is increasing rapidly and where the increase in population year by year is relatively high, e.g. Wellingborough, Corby, Daventry. Two explanations are offered. Couples who obtain a new house may choose soon afterwards to have a child. Alternatively, the couples who migrate into the new area may differ from the indigenous populations with regard to attitudes to family limitation.

6. A high percentage of illegitimate births in an area may reflect, amongst other things, the lack of family planning facilities which are available to the unmarried. In Northamptonshire, the percentage of such births annually has consistently been lower than the national average in recent years.

Table III: *Percentage of live births that were illegitimate, Northants. A.C.* 1964-68.

Year	*Northants per cent*	*England and Wales per cent*
1964	5.4	7.2
1965	5.6	7.7
1966	6.6	7.9
1967	7.1	8.4
1968	7.2	8.5

Again, Wellingborough and Corby are among the areas where the proportion of illegitimate births is high relative to the rest of the county.

7. To summarise, (a) women of child-bearing age in Northamptonshire have in recent years been producing babies at a faster rate than women in comparable age groups in any other English county. (b) Nearly one fifth of all births in the county in 1968 were to women of high parity for their age. (c) The percentage of births that were illegitimate was consistently below the national average. In areas of the county where the population is increasing rapidly as a result of immigration into the area from other parts of the county, all three indices tend to be higher than for most other areas of the county. Where the indices are high, this may represent a need for increasing the availability of family planning facilities both on an area and a person-to-person basis.

(C) Family planning facilities currently available

(a) *General Practitioners*:

1. The 119 general practitioners practising in the county in March 1969 were approached and asked about:

(i) their usual reactions to requests for advice from women, married and unmarried, in a variety of medical and social circumstances.

(ii) the action they most commonly took when discussing family planning with women.

(iii) the *method* of contraception they most frequently advised for their patients.

(iv) whether or not they felt the local authority should supplement the family planning services already available in their areas.

118 of the 119 doctors cooperated and supplied full information. The results are set out in Appendix C and are summarised as follows:

2. The doctors are liberal in their attitudes toward discussing family planning with their patients. Only one doctor stated that he would *not* discuss family planning with a married woman having three children and with no medical or social problems. This doctor did not work single-handed, nor was he the only practitioner working in the locality; only one (the same) doctor would not discuss family planning with a married woman of 18 who had just had her first baby; and only two (including the one already mentioned) would not discuss it with an unmarried woman who had already had a baby.

3. 92 (78%) of the doctors stated that the *action* they *most frequently* took when discussing family planning with patients was to prescribe oral contraceptives themselves. 25 (21%) stated that their most frequent action was to refer the patient elsewhere for the fitting of a mechanical appliance.

112 (95%) of the doctors indicated that the method of contraception they most frequently advised was the use of an oral contraceptive. Thus general practitioners in Northamptonshire are practically all willing to discuss family planning with all categories of female patient. Nearly all the doctors most commonly *advise* oral contraceptives and four-fifths of them prescribe them as their most frequent course of action.

4. 79 (67%) of the doctors considered that there was no need for the local authority to establish additional family planning facilities in their areas. Only 23 (20%) thought there *was* such a need. A further 16 (14%) were undecided. The expression of need for extra facilities was not related to area of practice, size of practice partnership, or distance from existing family planning clinics. The need most frequently expressed by doctors who added comments was for inexpensive facilities for fitting intra-uterine devices in women who had social problems but no medical indications, but who could not meet the relatively high cost of using the existing facilities for this procedure. This need was expressed by doctors working in areas as far apart as Oundle, Kettering and Towcester.

It is known that some general practitioners make a charge for supplying private prescriptions for oral contraceptives. A common charge is 10s. 6d. for a six-months supply. The custom of local doctors was not investigated, but in a national survey conducted in 1967, the proportion of general practitioners who made this charge to all patients supplied on social grounds was a quarter, while a further quarter charged *some* of them.

(b) *Local Health Authority Family Planning Clinics*:

1. The County Health Department currently holds family planning clinics as follows:

Kettering:

3 sessions per month on
1st Tuesday morning
2nd Thursday evening
3rd Thursday morning

Corby:

2 sessions per month on
1st and 3rd Wednesday afternoons

Wellingborough:

2 sessions per month on
1st and 4th Thursday mornings.

2. Advice on all methods of contraception is available at these clinics. Supplies are available for methods of contraception other than oral contraceptives and intra-uterine devices in these clinics, with the exception of Corby clinics where oral contraceptives are prescribed. The main reason for this limitation in the facilities offered is that the medical officers who conduct the Kettering and Wellingborough clinics are not trained in the use of methods stated.

3. The annual number of attendances at local health authority family planning clinics has declined in recent years despite an increase in the number of clinic sessions.

Table IV: *Number of attendances at Northamptonshire Local Authority Family Planning Clinics*, 1964-68.

Year	*Sessions*	*First attendances*	*Total attendances*
1964	36	116	492
1965	36	105	387
1966	36	126	393
1967	36	122	363
1968	48	80	296

The relatively small use of the local health authority clinics made in 1968 probably reflects the increasing availability of family planning facilities from general practitioners and the Family Planning Association clinics in the county, together with an increasing public preference for methods of contraception for which supplies could not be obtained from most of the local health authority clinics in 1968.

4. During the period 1st January, 1968-31st March, 1969, an average of 1.8 new patients attended for the first time each session held in local health authority family planning clinics, and 4.2 made subsequent attendances. Thus, on average, only six patients were being seen in each two-hour session, compared with an average of nineteen patients who are seen in the two-hour sessions held at the Rushden Family Planning Clinic. (See Table XIII). The clinic time not used for family planning purposes has been devoted to women requiring cervical smears to be taken.

5. The timing of the sessions also influences the attendance. The clinic held in the evening at Kettering is generally the best attended. The Family Planning Association clinics held locally (see below) experience a similar trend, suggesting it is easier for women to attend family planning clinics which are held in the evenings.

(c) *Family Planning Association Clinics*:

1. The Family Planning Association holds clinics in the county which county patients attend, as follows:

Northampton:

5 clinics per month on:
1st and 2nd Monday evenings
2nd Friday morning
2nd Friday evening
4th Friday morning

Rushden:

3 clinics per month on:
1st, 3rd and 4th Thursday evenings.

In addition, the Family Planning Association clinic at Rugby holds sessions on the 1st and 3rd Monday evenings each month and every Wednesday evening. At Banbury there is a Family Planning Association clinic which is held on the 1st and 3rd Wednesday afternoons and the 1st and 3rd Friday evenings each month.

The full range of family planning facilities is available at the Northampton clinic. At the Rushden clinic intra-uterine devices are not inserted. Patients requiring them are referred to the Northampton clinic.

2. The County Council pays a per capita fee to the Family Planning Association in respect of women from the county referred to its clinics on medical grounds. No payment is made by the authority for supplies. Since 1968, this fee has ranged from £2 3s. 0d. to £2 10s. 0d. per person per annum in the various clinics. The number of such referrals to the Northampton and Rugby clinics has decreased over the period 1964-68.

Table V: *Attendance of sponsored county patients at Family Planning Association Clinics*, 1964-68

Year	*Northampton*	*Rugby*	*Total*
1964	17	13	30
1965	18	10	28
1966	8	22	30
1967	4	6	10
1968	8	nil	8

Again, the probable explanation of this decline in the rate of referral at a time when the number of clinic sessions available increased, is the increasing availability to patients of advice and supplies from general practitioners.

3. At the Northampton Family Planning Association clinics held on Friday mornings, block bookings are reserved for patients referred by the local health authorities. The intention is to cater particularly for patients with medical or social problems. The available bookings are rarely taken up to more than 50 per cent of capacity. This indicates that more effort will be required to find the cases most in need and that clinic sessions may be more appropriately timed for the evenings.

(d) *Hospital services*

1. Advice on contraception is given increasingly to women who attend ante-natal and post-natal clinics in the gynaecological departments of local hospitals. Supplies of contraceptives are prescribed for patients in hospital wards and outpatient clinics who require them on medical grounds.

2. It has not been possible at this stage to estimate the extent to which the family planning needs of the community are met from hospital sources, and further contact with the hospital services is being sought to clarify this point. A major difficulty is that the doctors who staff hospital clinics, other than consultants, usually work in an area for only a limited period so that a cross-sectional survey of their practices may not represent the true picture over a period of time.

3. A criticism voiced by some general practitioners in the county has been the length of time it is necessary for some patients to wait for a hospital bed for the operation of sterilisation as N.H.S. patients. It is said that unwanted pregnancies have sometimes resulted from the delay in carrying out the procedure.

(e) *Private practitioners*:

1. General practitioners in all parts of the county are able to refer patients privately to consultant gynaecologists for family planning advice and supplies. Certain general practitioners themselves see patients privately for this purpose. If indicated, consultant gynaecologists fit their private patients with intra-uterine devices. The extent to which general practitioners in the county are able to undertake this procedure is not accurately known, but 7 per cent of general practitioners in the national survey of 1967[1] stated that they did so. The proportion in Northamptonshire is thought now to be slightly higher due to the lapse of two years since that enquiry was conducted during which more doctors have entered general practice with recent training in gynaecology. This impression is borne out by some of the comments made by general practitioners in the local inquiry. There are general practitioners in each major centre of population in the county who are capable of fitting intra-uterine devices.

2. The fees entailed for insertion of intra-uterine devices, other than on medical grounds, by specialists or general practitioners, or at Family Planning Association clinics, are presumably the basis for the need expressed by some general practitioners for inexpensive facilities for fitting intra-uterine devices in patients in the social problem categories.

(f) *Summary of unmet need*:

1. Family planning advice and supplies are already available to the majority of women in the county from a wide variety of agencies.

2. In the areas of rapid growth of population there is a relatively high proportion of women whose parity is high for their age-groups. There is a need to identify systematically the women in this group, and in other categories of social need, who require advice on family spacing and limitation either on medical or social grounds.

3. The full range of family planning facilities is not available to women in categories of social need anywhere in the county. In particular, the cost of family planning supplies is prohibitive to these women.

(D) Recommendations

(a) *Policy*

This authority should supplement the family planning facilities not otherwise available in its area and should seek to find and cater specifically for those women who are not able to benefit from the existing facilities. Charges for advice and supplies should not be made to women referred on medical grounds or to women in social need.

(b) *General*

1. *Case-finding*

Local health authority field staff, including health visitors, midwives, district nurses and social workers should identify cases in social or medical need of family planning advice and

should facilitate attendance at surgeries or clinics for this advice. The patients' general practitioner should be notified immediately of any supplies or treatment dispensed to them in the clinics.

2. *Location of clinics*:

Particular attention should be paid to providing facilities in areas where the population is growing most rapidly.

3. *Timing of clinics*:

Evening clinics are most readily attended by women. Therefore, whenever possible, clinics should be conducted in the evening.

4. *Number of sessions*:

Experience in Family Planning Association clinics is that patients re-attending for follow-up begin to outnumber patients attending for the first time when a clinic has been established for six months. Where local health authority family planning clinics already exist there is sufficient time available to cater for additional new referrals for the remainder of the present financial year 1969-70. Provision should be made, however, for increasing the number of sessions in the next financial year.

5. *Staff*:

Medical officers and health visitors who staff the clinics where such supplementary services are provided should be capable of administering a full range of family planning advice and methods.

(c) *Specific*:

1. The proposal to make no charge for family planning advice and supplies to patients referred to local authority family planning clinics on grounds of social need should now be considered again, with a view to implementation.

2. Referrals should be accepted from general practitioners, local health authority field staff, accredited staff of voluntary social welfare agencies.

3. The recommendation of the referee that no charge should be made should be accepted, providing that the guidelines for making these recommendations have been followed. The criteria of "social need" should include characteristics of families in which social problems arise. The grounds for refusal should be recorded to facilitate periodical review of the services.

4. Where clinic time is not fully utilised for these cases, women not in social or medical need should continue to be accepted as patients. The charges made for supplies to such women should not be less than those charged in the Family Planning Association's clinics.

5. Health visitors who make routine enquiries about the mother's knowledge of family planning facilities available when they make their statutory visits to the home to see a new baby, should be helped to identify those women whose need may be greatest. For example, where the woman is one of those whose parity is high relative to her age, this fact should be pointed out to the health visitor who should take particular care to ensure that if she thought the mother would benefit from a limitation of further births and if she were agreeable, she should attend an appropriate agency for advice and supplies. Where social circumstances required she could be referred to the local health authority clinics and supplied free of charge.

6. Where women in social priority groups are unable to make use of existing facilities through lack of an adequate transport service or an apparently authentic inability to meet the cost of transport, this should be met by the County Council.

This approach should be adopted in those cases identified in consultation with general practitioners as being in social need. When it is known that a family has moved in to a rapidly expanding area, the health visitor should make contact at an early stage in order to discuss the woman's family planning needs if they exist.

7. *Clinic sessions*:

(i) Wellingborough:

The present two sessions per month should be discontinued. Instead, both should be re-timed to take place in the evening. One should continue to function at the Oxford Street Clinic. The second should be transferred to the Queensway Health Centre. From April 1970, two sessions per month should be held at each clinic to cater for those patients attending for follow-up. An evening clinic should be established at the Hemmingwell Lodge Health Centre, when this opens, once monthly from April 1970 increasing to twice monthly from October 1970.

(ii) Kettering:

Both morning sessions each month should be discontinued as family planning clinics. One of these should be re-timed to take place in the evening and should be for the exclusive benefit of patients referred on social priority and medical grounds. A consultant gynaecologist, has offered to staff this clinic. This offer should be accepted and the possibility of locating the clinic in hospital explored.

The evening clinic, which currently operates, is best attended. The majority of women attending, return for checks of caps and diaphragms with which they have been fitted. This session could continue, for the present, to be staffed by the medical officer concerned who does not prescribe oral contraceptives or fit intra-uterine devices, but if the demand for services from social priority groups increases, consideration will have to be given to utilising this session to provide a complete range of facilities.

The third session should be transferred to another part of the county where the need already exists to increase or establish family planning sessions. Alternatively, it may be retained as a morning fixture and devoted fully to the function it, in fact now serves, namely that of a cervical cytology clinic.

(iii) Corby:

The effect of the availability of oral contraceptives and the re-attendance of women first seen at the end of 1968 has increased the pressure on the Corby family planning clinic in recent months. The trends in the level of attendance are shown in Table VI.

Table VI: *Attendances at Corby Family Planning Clinic January-July* 1969.

Month	*First attendances*	*Re-attendances*	*Total*
January	5	2	7
February	4	5	9
March	4	10	14
April	7	5	12
May	13	9	22
June	5	6	11
July	7	12	19

The health visitors at Corby are already referring women to these clinics selectively on grounds of social need. By abolishing charges to social priority groups the demand on the services of the clinics is likely to increase further and it is likely that two further sessions per month will be required by April 1970. These should be held in the evening, preferably at the Central Health Clinic or at the Nuffield Diagnostic Centre, in order to cater for the population in areas away from where the present clinics are held.

(iv) Daventry:

The general medical services at Daventry are concentrated on the two groups of doctors working from the Daventry Health Centre. Both groups of doctors are anxious to retain responsibility for providing the complete range of general medical care for their patients, and would be keen themselves to staff any supplementary family planning clinics which the local authority might organise in the area. The population of Daventry is currently increasing at the rate of 20 per cent per annum, due mainly to influx of population from other areas. Two evening clinic sessions per month should be arranged initially. This arrangement would be increased to four evening sessions per month six months after the opening of the first sessions.

(v) Towcester and Brackley:

In both these areas the volume of new housing is increasing rapidly; the percentage of births to women of high parity is above the average for the county as is the ratio of the adjusted birth-rate to the national rate. At present, no adequate premises exist for holding family planning clinics in Towcester and the present premises at Brackley would require modifications before being suitable for use. Two sessions per month should commence at the Towcester Health Centre as soon as possible after its opening and two at Brackley, to be increased as required.

(vi) Northampton district:

The attention of field workers should continue to be drawn to the sessions which are reserved for the use of patients referred by a local health authority at the Family Planning Association's Northampton clinic. The per capita payment now made to the Association for treated cases on medical grounds should at this clinic, be extended to cases referred on grounds of social need.

8. *Staffing*

Family Planning Association research has shown that optimum efficiency is achieved by employing one medical officer and two nurses per three hour clinic session. This should be the staffing arrangement which should be aimed at in the local health authority clinics.

(i) Medical Officers:

At present, only one medical officer is trained in the use of oral contraceptives. A second medical officer, whose range of experience is similar, is available to the department until the end of 1969. A general practitioner who retires this year and who holds a higher qualification in gynaecology, is capable of inserting intra-uterine devices, and is available to the County Council for work in family planning clinics from October 1969. A general practitioner in one of the Daventry groups, holds the F.P.A. certificate for family planning and is able to insert intra-uterine devices. He is willing to staff the local authority family planning clinic attended by patients of doctors in his group. Another general practitioner in the other Daventry group, is retiring from the practice in September 1969, but would be willing to conduct the clinics attended by patients of her present partners in the group and those of her successor. She is not, as yet, trained in family planning techniques. A consultant gynaecologist in the Kettering area, has

expressed willingness to staff any local health authority family planning clinic devoted mainly to patients in social priority groups. He is able to exercise a full range of family planning advice and techniques.

If the medical officer acquires experience in inserting intra-uterine devices, and if the second general practitioner at Daventry is trained and obtains the certificate of training from the Family Planning Association, supplemented by further tuition in the use of intra-uterine devices, the level of activity envisaged in the local health authority family planning clinics up to April 1970 will be achieved.

(ii) Health Visitors:

At present, eight health visitors in post have received training in family planning techniques. Four more health visitors should embark upon training immediately to ensure an adequate staffing level by April 1970. An additional number of health visitors will need to be trained in the year 1970-71 to achieve efficient working of the expanded clinic facilities which are likely to be used by an increasing number of clients.

9. *Publicity*:

All likely referees such as general practitioners, health visitors, midwives, social workers and staff of appropriate voluntary bodies should be notified both individually and through their representative bodies of the nature and aims of the service being offered by the local health authority.

10. *Family Planning Association*:

A small number of general practitioners stated they would welcome the provision of alternative family planning facilities for their patients who might thereby benefit from an unbiased opinion from the clinic doctor. It is known that in some cases women prefer to discuss family planning, either with a doctor whom they do not know, or with a female doctor.

If the Family Planning Association wished to meet this demand in any area of the county, consideration might be given to providing local health authority premises at which the Association might hold clinics. No financial reimbursement need be made to the Association for cases referred on medical or social priority grounds where local health authority clinics already existed for the purpose. On the other hand, the Association's clinics could be expected to divert pressure from the local health authority clinics from cases seeking appointments but not referred on the grounds mentioned above.

As stated earlier in this report, patients taking up appointment time not otherwise used for medical or social priority patients in local health authority clinics, should obtain supplies at the rates charged in Family Planning Association clinics at that time.

Reference

[1] Cartwright A. (1968) General Practitioners and Family Planning. Med. Offr. *120*, 43.

Table VII: Percentage of births occurring to women of high parity by age, areas of Northamptonshire* 1968

	%		%
Northamptonshire Administrative County ...	17.5		
Urban districts		*Rural districts*	
Brackley M.B.	14.3	Brackley	17.6
Burton Latimer	15.0	Brixworth	11.2
Corby	22.8	Daventry	13.2
Daventry M.B.	20.4	Kettering	20.4
Desborough	21.4	Northampton	10.5
Higham Ferrers M.B.	14.3	Oundle and Thrapston ...	12.0
Irthlingborough	11.4	Towcester	18.7
Kettering M.B.	15.9	Wellingborough	14.1
Oundle	15.7		
Raunds	14.0		
Rothwell	15.3		
Rushden	18.1		
Wellingborough	22.2		

*for definition, see text.

Table VIII Percentage of live births which were illegitimate 1963-1968

	1963	1964	1965	1966	1967	1968
England and Wales ...	6.9	7.2	7.7	7.9	8.4	8.5
Northamptonshire (C.B. plus A.C.)	6.5	6.2	6.5	7.8	7.6	
Northampton C.B.	9.6	9.3	8.5	9.9	9.0	
Northamptonshire A.C. ...	5.5	5.4	5.6	6.6	7.1	7.2
Municipal Boroughs and Urban Districts	6.0	5.9	6.1	7.0	7.9	8.0
Brackley M.B.	3.7	4.8	7.4	5.3	6.3	5.8
Burton Latimer	4.2	5.5	9.7	11.6	8.8	4.8
Corby	4.5	5.0	6.5	7.0	7.9	7.5
Daventry M.B.	4.8	2.0	5.3	1.6	3.1	5.0
Desborough	5.1	1.5	3.8	10.8	7.1	4.7
Higham Ferrers M.B. ...	2.1	5.0	5.7	5.8	5.8	5.3
Irthlingborough	2.2	2.4	6.4	6.9	5.8	6.5
Kettering M.B.	7.5	7.6	5.6	9.0	8.5	9.5
Oundle	6.0	1.9	1.8	3.7	7.5	4.5
Raunds	1.7	4.5	6.1	1.1	6.6	3.1
Rothwell	5.1	4.7	4.1	3.1	3.4	8.6
Rushden	6.8	5.4	4.1	3.7	7.5	7.6
Wellingborough	8.6	8.7	7.8	8.3	9.8	10.9
Rural Districts	4.9	4.7	4.8	5.9	5.9	6.0
Brackley	5.2	5.0	3.8	6.1	5.2	5.0
Brixworth	5.4	4.7	4.9	3.7	7.7	6.5
Daventry	7.3	4.4	5.4	4.1	4.5	8.4
Kettering	5.3	7.9	4.5	9.1	8.5	5.8
Northampton	2.0	2.8	3.2	4.5	5.3	4.8
Oundle and Thrapston ...	4.3	6.3	6.3	7.8	6.5	5.8
Towcester	5.3	4.9	5.9	8.4	5.6	6.8
Wellingborough	7.8	5.3	4.8	4.6	4.6	4.5

Table IX: **Ratio of local adjusted birth-rates to national rate* 1963-1968

	1963	1964	1965	1966	1967	1968
England and Wales ...	1.00 (18.2)	1.00 (18.5)	1.00 (18.1)	1.00 (17.7)	1.00 (17.2)	1.00 (16.9)
Northamptonshire (C.B. plus A.C.)	1.08	1.07	1.10	1.09	1.10	
Northampton C.B. ...	1.11	1.09	1.11	1.07	1.07	
Northants Admin. County	1.07	1.06	1.09	1.11	1.11	1.18
Municiple Boroughs and Urban Districts						
Brackley M.B.	1.38	1.04	1.15	0.94	1.02	0.97
Burton Latimer ...	1.00	1.01	1.01	1.18	0.88	1.43
Corby	1.27	1.18	1.18	1.08	1.01	1.08
Daventry M.B. ...	0.87	0.81	0.92	0.99	1.09	1.62
Desborough	0.91	1.00	1.23	1.14	1.31	1.40
Higham Ferrers M.B. ...	0.82	1.00	1.10	1.34	1.19	1.33
Irthlingborough ...	1.00	0.91	0.86	1.12	1.36	1.23
Kettering M.B.	1.06	1.06	1.02	1.11	1.07	1.10
Oundle	1.07	1.11	1.17	1.15	0.84	0.92
Raunds	0.86	0.91	1.15	1.21	1.48	1.72
Rothwell	0.84	0.90	0.98	0.95	0.91	1.09
Rushden	1.09	1.05	1.24	1.23	1.18	1.28
Wellingborough ...	1.03	1.07	1.12	1.14	1.16	1.29
Rural Districts	1.03	1.05	1.07	1.10	1.10	1.14
Brackley	1.12	1.20	1.16	1.28	1.23	1.36
Brixworth	0.92	0.92	0.94	0.92	1.03	1.00
Daventry	1.20	1.07	1.07	1.23	1.07	1.23
Kettering	0.89	0.98	1.05	1.04	1.02	0.94
Northampton	0.99	1.08	1.09	1.08	1.05	1.09
Oundle and Thrapston ...	1.09	0.98	1.00	0.96	0.96	0.92
Towcester	1.16	1.11	1.19	1.21	1.29	1.43
Wellingborough ...	0.95	1.03	1.08	1.12	1.21	1.19

*The adjusted birth-rate is the crude birth-rate multiplied by the area comparability factors, which takes into account the age-sex structure of the area and permits direct comparison between areas.

Table X: *Ratio of local adjusted birth rate to national rate, England and Wales*

Administrative Counties only	1966	1967	1968
England			
Bedfordshire	1.13	1.10	
Berkshire	1.05	1.03	
Buckinghamshire	1.03	1.01	
Cambridgeshire and Isle of Ely	0.89	0.90	
Cheshire	1.02	1.05	
Cornwall	0.98	0.97	
Cumberland	0.94	0.95	
Derbyshire	0.96	0.97	
Devon	1.00	1.00	
Dorset	1.02	0.99	
Durham	0.96	0.98	
Essex	1.02	1.02	
Gloucestershire	1.05	1.05	
Hampshire	1.06	1.09	
Herefordshire	1.05	1.06	
Hertfordshire	0.92	0.90	
Huntingdon and Peterborough	1.05	1.08	
Kent	1.09	1.07	
Lancashire	1.03	1.05	
Leicestershire	1.03	1.02	
Lincolnshire (Parts of Holland)	0.88	0.89	
(Parts of Kesteven)	1.05	1.03	
(Parts of Lindsey)	1.08	1.07	
Norfolk	0.94	0.99	
Northamptonshire	1.11	1.11	1.18
Northumberland	0.85	0.86	
Nottinghamshire	0.98	1.02	
Oxfordshire	1.08	1.07	
Rutland	1.03	1.05	
Shropshire	1.05	1.04	
Somerset	1.01	1.03	
Staffordshire	1.03	1.08	
Suffolk, East	0.98	1.00	
West	1.08	1.09	
Surrey	0.89	0.91	
Sussex, East	0.97	0.97	
West	0.94	0.97	
Warwickshire	1.00	1.00	
Westmorland	0.94	1.08	
Wight, Isle of	1.08	1.05	
Wiltshire	1.06	1.03	
Worcestershire	0.99	1.00	
Yorkshire, East Riding	0.95	0.95	
West Riding	1.03	1.06	
North Riding	1.07	1.07	
Wales			
Anglesey	1.26	1.19	
Breconshire	0.92	0.88	
Caernarvonshire	0.94	0.93	
Cardiganshire	0.94	0.84	
Carmarthenshire	0.84	0.82	
Denbighshire	0.98	1.02	
Flintshire	1.05	1.10	
Glamorgan	0.96	0.98	
Merionethshire	0.95	0.95	
Monmouthshire	1.02	1.00	
Montgomeryshire	0.90	0.92	
Pembrokeshire	1.08	1.10	
Radnorshire	0.83	0.99	

Table XI: *Relationship between increase in number of dwellings and fertility Northants A.C.* 1961-68

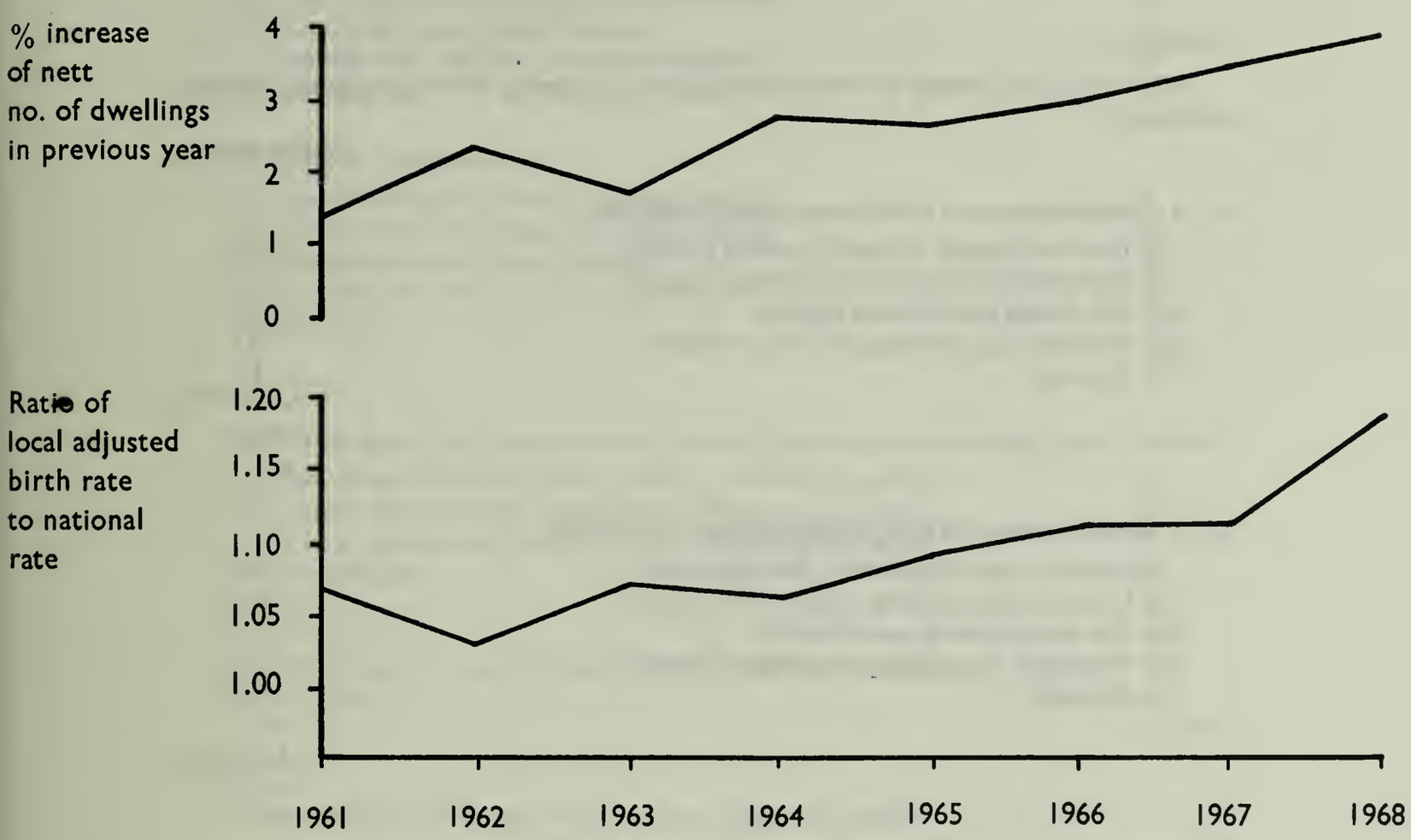


Table XII: Analysis of replies to enquiry into family planning in general practice in Northamptonshire

QUESTION 1

What would you usually do about discussing family planning with women in the following situations?

	Number replying
(a) *A married woman with mitral stenosis and two children*	
(i) Introduce subject of family planning yourself	109
(ii) Discuss family planning only if asked directly	6
(iii) Not discuss even if asked directly	0
(iv) Sometimes do one thing, sometimes another	3
(v) No reply	1
	119
(b) *A married woman with three children and only one bedroom*	
(i) Introduce subject of family planning yourself	75
(ii) Discuss family planning only if asked directly	36
(iii) Not discuss even if asked directly	0
(iv) Sometimes do one thing, sometimes another	7
(v) No reply	1
	119
(c) *A married woman with three children and no social or health problems*	
(i) Introduce subject of family planning yourself	28
(ii) Discuss family planning only if asked directly	76
(iii) Not discuss even if asked directly	1
(iv) Sometimes do one thing, sometimes another	12
(v) No reply	2
	119
(d) *A married woman of* 18 *who had just had her first baby*	
(i) Introduce subject of family planning yourself	57
(ii) Discuss family planning only if asked directly	48
(iii) Not discuss even if asked directly	1
(iv) Sometimes do one thing, sometimes another	12
(v) No reply	1
	119

(e) *An unmarried woman who had had a baby*

(i) Introduce subject of family planning yourself	58
(ii) Discuss family planning only if asked directly	36
(iii) Not discuss even if asked directly	2
(iv) Sometimes do one thing, sometimes another	22
(v) No reply	1
	—— 119

(f) *A woman just getting married*

(i) Introduce subject of family planning yourself	27
(ii) Discuss family planning only if asked directly	80
(iii) Not discuss even if asked directly	0
(iv) Sometimes do one thing, sometimes another	11
(v) No reply	1
	—— 119

QUESTION 2

What is the action you most frequently take in discussing family planning with a patient?

(a) Just discuss possibility; refer elsewhere to discuss methods ...	2
(b) Discuss methods; refer elsewhere for fitting of cap or coil ...	25
(c) Discuss methods and refer elsewhere for prescription of pill ...	1
(d) Prescribe pill	92
(e) Fit cap	0
(f) Fit coil	0
(g) Discuss only methods which do not need fitting or prescription ...	3
(h) No reply	1
	—— 124*

QUESTION 3

Which method of birth control do you most frequently advise?

pill	112
cap	2
coil	0
chemicals alone	0
safe period	2
condom	4
none	1
no reply	1
	—— 122*

QUESTION 4

Do you consider it necessary for the local health authority to establish additional family planning facilities in your area ?

yes	23
no	79
undecided	16
no reply	1
	—— 119

*Some respondents indicated that two categories applied equally.

Table XIII: Local health authority family planning clinics

Monthly attendances 1968/69

Month	*Sessions*	*Attendances*		
		First	*Subsequent*	*Total*
CORBY				
January 1968 ...	1	2	2	4
February	1	3	4	7
March	1	2	4	6
April	1	1	2	3
May	1	2	4	6
June	1	—	2	2
July	1	—	2	2
August	2	3	9	12
September	—	—	—	—
October	2	5	11	16
November	2	7	4	11
December	2	2	4	6
January 1969 ...	2	5	2	7
February	2	4	5	9
March	2	4	10	14
April	2	5	5	10
May	2	13	9	22
June	2	5	6	11
July	2	7	12	19
KETTERING				
January 1968 ...	2	4	11	15
February	2	6	13	19
March	2	2	13	15
April	2	3	7	10
May	2	6	14	20
June	2	6	25	31
July	2	4	10	14
August	2	4	4	8
September	2	7	24	31
October	3	2	16	18
November	3	4	23	27
December	3	7	13	20
January 1969 ...	3	3	8	11
February	3	5	9	14
March	3	3	12	15
April	3	2	7	9
May	3	8	10	18
June	3	7	17	24
July	3	4	5	9
WELLINGBOROUGH				
September 1968 ...	1	4	2	6
October	2	1	4	5
November	2	3	4	7
December	2	2	6	8
January 1969 ...	2	3	4	7
February	2	2	2	4
March	2	3	9	12
April	2	1	—	1
May	2	4	3	7
June	2	4	6	10
July	2	2	4	6

APPENDIX 2

DEVELOPMENT OF LOCAL AUTHORITY HEALTH SERVICES

Report by
The County Medical Officer of Health

Accepted in principle by the Health Committee, October 1969

Introduction

1. The Department of Health and Social Security in Circular 19/68 stated that, although no full revision of the Ten Year Plan was to take place in 1969/70, it was the Minister's intention to ask local health authorities to submit revised plans towards the end of 1969, covering the period up to and including 1979/80.

2. It may not seem a very profitable exercise to attempt to formulate plans to cover the next ten years at a time when the possibility of implementing them is uncertain because of the economic situation, but it must be pointed out that there has been considerable progress since the last review in 1965 despite economic difficulties. To add to the uncertainty, plans for the future administration of the health and social services are unknown, and the Redcliffe-Maud Report* has recommended changes in the structure of local government which could have considerable effects on the services provided by the Health Committee.

3. Nevertheless, needs exist and must be met at some time, and it is important therefore to set them out as clearly as possible, particularly in view of the enormous expansion in population which is taking place in this area. It will be seen from the attached plans that this expansion has created needs far beyond anything anticipated when the last major review was carried out in 1965. The price of expansion may seem to be considerable, but it is necessary to emphasise that the need for services, as set out in this review, may prove to be an understatement rather than an overstatement. Needs may change, and it has become clear since the original Ten Year Plan was presented in 1962 that as improved services are provided more needs are uncovered, some of which demand urgent action.

4. The needs of urban areas, especially where rapid expansion is taking place, are of course most obvious and urgent, but it is important not to neglect the needs of the rural areas, which may be equally urgent although less obvious.

5. The projected expansion of the population is shown in Fig. 1 and Table 1 shows that the percentage increase in population is considerably higher than the average for England and Wales.

Table I

Percentage population increase, mid-year 1966-*mid-year* 1968

Northamptonshire Administrative County ...	...	14,620	= 4.8%
England and Wales		...517,000	= 1.1%

Note: the statistics on which the figures and tables are based are given at the end of the report.

*Royal Commission on Local Government in England, 1966-69

FIGURE I

ESTIMATED POPULATION
FOR NORTHAMPTONSHIRE

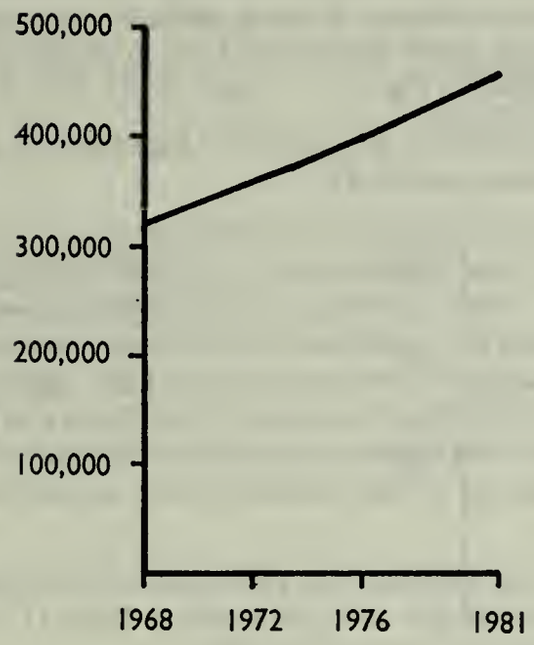
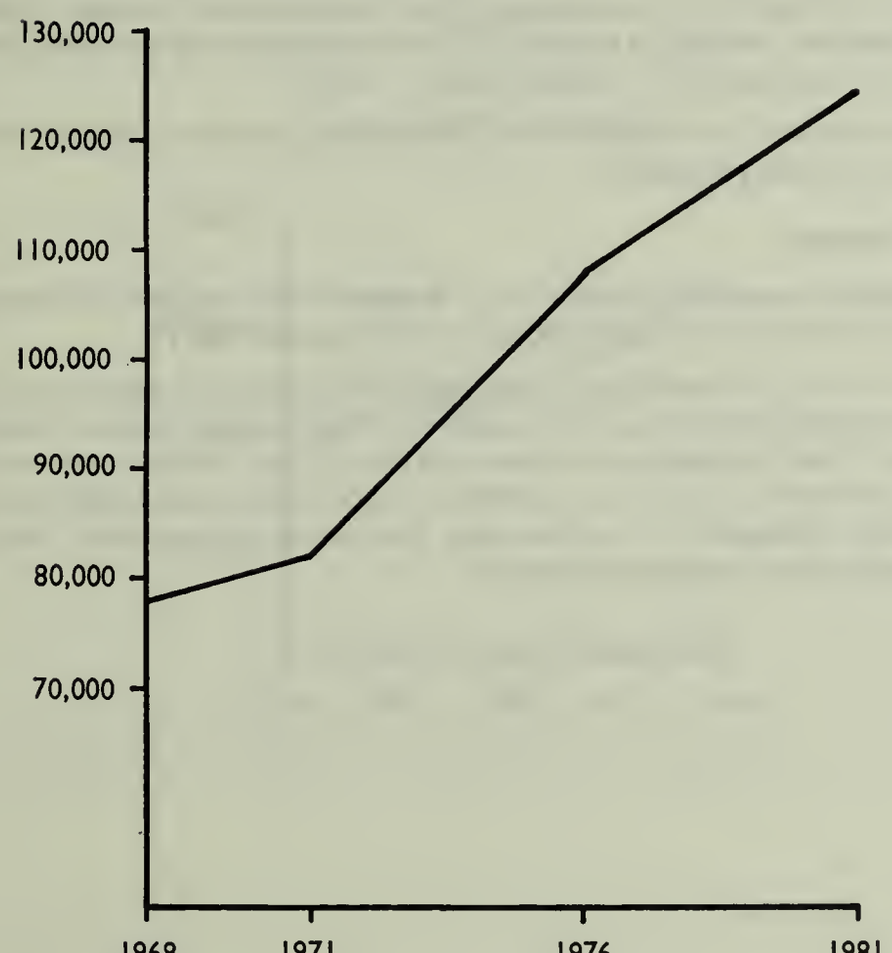


FIGURE II

CHILD POPULATION IN NORTHAMPTONSHIRE



6. A characteristic feature of the rapidly expanding areas is the youthfulness of the migrating population with in addition large numbers of young children. Such a population is known to make increased demands on the health services, and the projected increase in the number of children (under 15 years) is shown in Fig. II.

7. What must also be considered at this stage is the high birth rate in this County compared with England and Wales, as shown in Fig. III.

8. By 1967 the adjusted birth rate for this County was 11% above the national average and was higher than that for any other English county. In 1968 the adjusted birth rate was 18% above the national average. This is directly associated with the number of dwellings which became available in the previous year, and there are two possible explanations: (1) Couples who obtain a new house may choose soon afterwards to have a child. (2) Alternatively, couples who migrate to this County may differ from the natives of this County in their attitudes to family planning. These factors have been taken into account in the review of family planning needs and services which was presented to the Maternity, Nursing and Care Sub-Committee, (see Appendix I).

9. Another factor which has influenced the preparation of these plans is the increase in the number of elderly people over the age of 65, as shown in Table II. Again it is known that aged people make heavy demands on the health services.

Table II

Estimated aged population (65 *years and over*)

1965	1971	1976
36,490	41,800	45,200

Therefore, the increase in the numbers of the young and aged, together with the general increase in population, will lead to increased demands being made on the health services in this County over the next decade.

10. Certain services have special factors affecting the preparation of plans, and these are outlined in the following paragraphs.

(a) **Maternity Services**

The population expansion is making heavy demands on the facilities available in the area. The trend towards increasing hospital confinements is shown in Fig. IV.

Because of the shortage of hospital beds, this trend can only be maintained by a policy of early discharge—the benefits of which are now accepted. The increasing number of early discharges is shown in Fig. V, and the situation which must be faced is that, despite a decline in the number of domiciliary deliveries, a domiciliary midwifery service must be maintained to cope with the numbers of early discharges. A welcome sign, however, is the increasing number of cases delivered in hospitals by domiciliary midwives.

FIGURE III

CRUDE BIRTH RATE 1964-1968

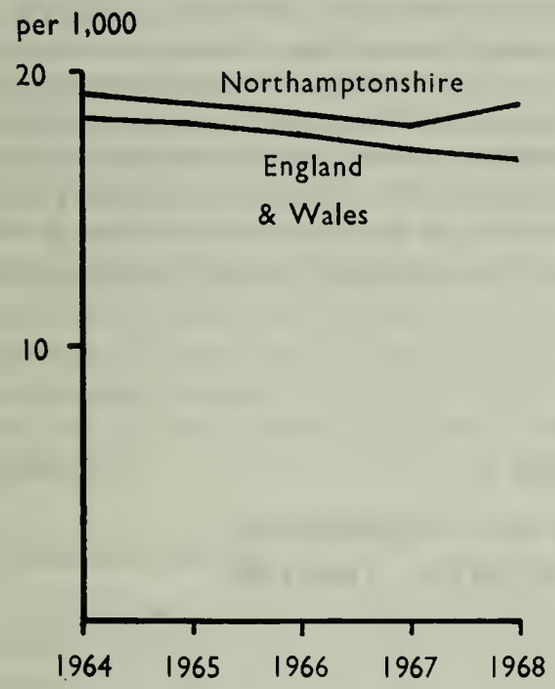


FIGURE IV

INCREASING TREND FOR HOSPITAL CONFINEMENTS

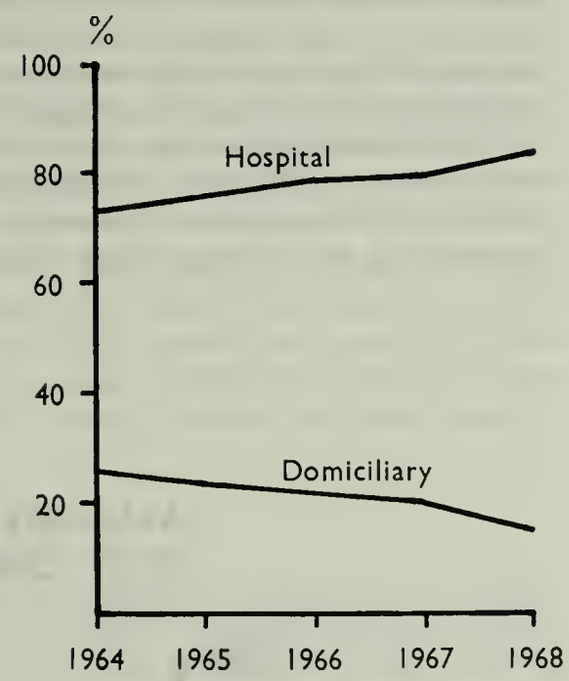
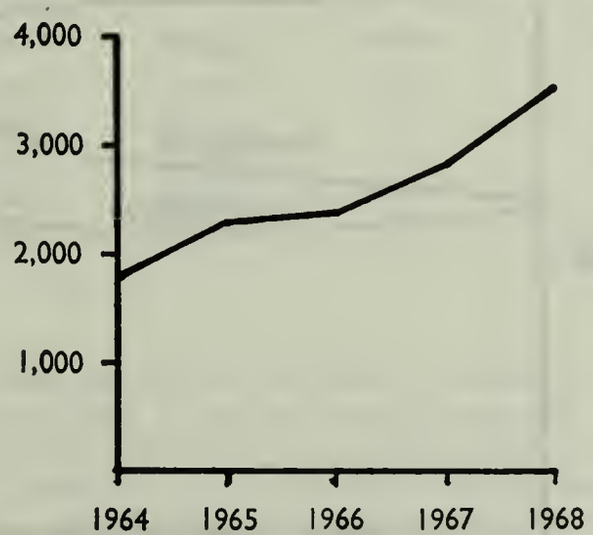


FIGURE V

EARLY DISCHARGES FOR MATERNITY CASES



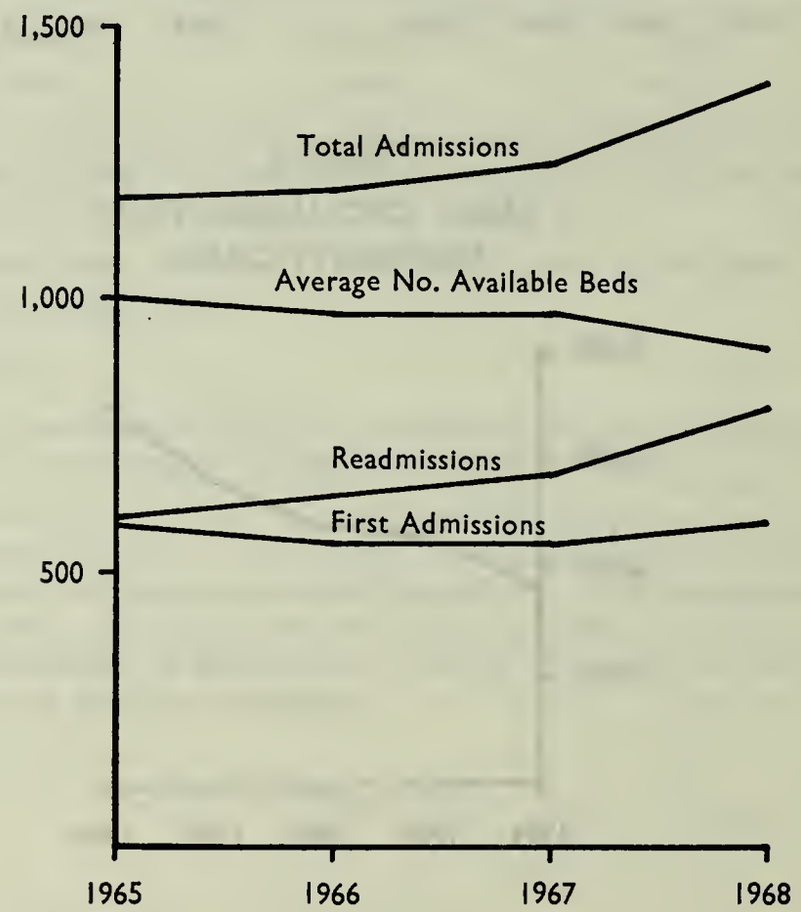
(b) **Mental Health Services**

Demands on the Mental Health Services continue to grow as needs are uncovered. Fig. VI shows that the run-down of beds in St. Crispin Hospital continues, although the total number of cases admitted has increased slightly. The policy of more intensive treatment in hospital with earlier discharge means a greater demand for services in the community to maintain patients as far as possible in their normal environment. Inevitably there are some repeated readmissions, which are very time-consuming and result in increasing demands being made on social workers. The policy of opening day hospitals may eventually reduce the number of admissions to hospital, but additional services must be available in the community if the patients' needs are to be met.

Other factors which have affected the preparation of the plans for the Mental Health Services are the opening of the Princess Marina Hospital and the knowledge that Junior Training Centre Schools are expected to become the responsibility of the Education Committee in 1971, although it is not yet known which Committee will be responsible for adult training centres.

FIGURE VI

AVAILABLE BEDS AND ADMISSIONS
AT ST. CRISPIN HOSPITAL, 1965-1968



(c) Community Nursing Teams

Since the last major review in 1965, the attachment of health visitors/district nurses and domiciliary midwives to general practices has continued to develop, and there can no longer be any doubt of the benefits to the patients and the community which have resulted. Although the workload of these staff has been considerably increased as a result, nevertheless, those concerned have found their work more satisfying than formerly. The health visitor has become more involved with the whole family instead of concentrating largely on the mother and child; this has naturally increased her workload. District nurses are now much more closely involved in decisions regarding the treatment and care of their patients, and the advent of health centres has also added to their field of work. The entry of domiciliary midwives into maternity hospitals to carry out deliveries of their own patients has correspondingly extended the demands on their time.

Attachment of these staff provides a basis for the development of community nursing teams, which would eventually form the basis for community health teams comprising general practitioners, health visitors, district nurses, midwives, social workers and home helps. This would ensure that tasks would be shared between team members according to the level of training and skill of each member, and should result in increased efficiency and more effective management.

(d) Ambulance Service

The demands on the Ambulance Service are shown in Table III. Over the five year period 1964-1969 there has been an increase in the number of patients carried of 54,437 (52%) and an increase in mileage of 207,451 (27%). This authority has no control over the demands made on this service, although increasingly hospital authorities are being made aware of the fact that the resources allocated to it are not limitless. The service is under strain, and at my request the work study team from the Management Services Unit are carrying out a survey of the Ambulance Service; their report may affect future developments.

Table III: Ambulance service

Year	*Patients carried*	**Mileage**	*Vehicles*	*Staff*	*Ratio of Staff/Vehs.*
1964/65	104,009	773,967	38	75	1.92
1965/66	129,388	914,512	41	78	1.90
1966/67	134,618	867,669	43	84	1.95
1967/68	149,828	928,086	45	87	1.93
1968/69	158,446	981,418	46	89	1.93

(e) Dental Service

The present ratio of one dental officer for 3,000 school children which was recommended and accepted in principle in 1964, is no longer wholly acceptable. It is impossible to plan services adequately on the basis that children be categorised as pre-school and school children. It has been accepted in relation to other services that what happens to children during their pre-school life can have a considerable effect on their ability to take advantage of their educational opportunities. The same principle should now be extended to the Dental Service, especially as more than twice the national average of pre-school children are seen in this County.

Increased demands on the dental service are part of the national pattern, but in addition the ratio of general dental practitioners in this County is only slightly better than half the national average, which throws an increased load on the local authority dental services.

An interesting feature in the development of the dental service is the increased use which will be made of dental auxiliaries in future years.

(f) Presymptomatic Screening

Although no proposals are submitted for the development of presymptomatic screening of the general population, it is suggested that the time has come to place the ad hoc cervical cytology clinics on a more formal basis. At these clinics screening for breast cancer is also carried out and, as techniques for the presymptomatic detection of disease are perfected, further extension of these clinics will be recommended. However, it is advisable that this authority should avoid holding mass screening clinics for the present, and instead it should work in close liaison with general practitioners and hospitals in the development of this service.

(g) Health Centres

Health centres are a completely new development in this County since the last major review was carried out in 1965. These buildings provide an opportunity for a significant advance in the organisation of medical care in the community. The planning of these buildings is an extremely complex task which has had to be undertaken by existing staff. Development continues at such a pace that additional staff are absolutely essential if the present good relationships between this authority and general practitioners are to be maintained.

(h) Staffing

The attached schedules contain recommendations for essential increases in services and personnel to staff these services. Equally important is the need to provide adequate supporting staff in the administrative and clerical fields, as without such staff full development of these essential services cannot be effected.

SCHEDULE

11. For the convenience of the Health Committee, the attached schedule has been prepared showing:

(a) items previously approved in principle, but which it is recommended could be postponed, and

(b) items which it is suggested should be put forward for implementation.

HEALTH CENTRES

(Section 21, National Health Service Act, 1946)

1. Irthlingborough

A site has been purchased in High Street. The centre will accommodate three general practitioners with a total list of 7,700 patients. The present surgery premises are totally inadequate and the local health authority clinics are held in hired premises which do not provide accommodation of the required standard.

2. Wellingborough—Queensway Estate (Permanent building)

This health centre would replace the temporary accommodation in Shelley Road which has to be vacated by October, 1971, otherwise the housing subsidy will have to be repaid by the County Council. Building should begin in 1970/71 so that it would be ready for occupation by October, 1971.

All of the furniture and equipment from the temporary accommodation would be transferred but certain additional items would be necessary for the larger building. Staff also would be transferred but there would be some additional cost as far as the local health authority is concerned for the extra services and facilities. Apart from the Administrator and caretaker/cleaners, the numbers of staff would be subject to adjustment by agreement with the Executive Council.

3. Kettering—Central Area

The County Valuer is enquiring about a site in the Northall Street/Tanners Lane area. This centre would provide accommodation for 14 of the 19 Kettering general practitioners. These 14 general practitioners have stated they would work from this health centre. The present accommodation for local health authority services at Stockburn Memorial Home and School Lane Clinic would be given up.

4. Corby—Central Area

Sites are being investigated in the town centre area. This health centre would provide accommodation for 20 doctors. The general practitioners have requested the provision of a health centre in this area. The future use of Stuart Road Clinic is being considered.

5. Corby—Danesholme/Oakley Hay Area

A site has been earmarked in this area. It is estimated that the population of this and neighbouring estates will reach 11-12,000 by 1974 and 15-17,000 by 1980. The general practitioners agree that a health centre should be provided and the need for this will probably arise in the mid-1970's or possibly earlier. The position will be kept under constant review and a more definite date will be suggested in due course.

6. Wellingborough—Central Area

A site behind Oxford Street will be available for development and part of this area has been earmarked for County Council development. The general practitioners have been asked to consider whether they would wish to work from a health centre in this part of the town in addition to the Queensway and Hemmingwell Lodge areas.

In the event of a health centre being built, the present health clinic in Oxford Street would be available for alternative use.

7. Wellingborough—Hemmingwell Lodge (Permanent building)

This health centre would replace temporary accommodation in Robin Lane which has to be vacated by March 1973 otherwise the housing subsidy will have to be repaid by the County Council. Building should be authorised for 1971/72 so that the premises would be ready for occupation in March, 1973. All of the furniture and equipment from the temporary accommodation would be transferred but certain additional items would be necessary for the larger building. Staff also would be transferred but there would be some additional cost for extra services and facilities, as far as the local health authority is concerned. Apart from the Administrator and caretaker/cleaners, the numbers of staff would be subject to adjustment by agreement with the Executive Council.

8. Daventry—Extensions

It is estimated that the population of Daventry and district will have increased to nearly 30,000 by 1976. The present accommodation for 8 general practitioners will then be insufficient. Provision was made in the original plans for a third suite of 4 consulting rooms and 4 examination rooms, with offices on the lower ground floor. This extension should be built when the need arises to accommodate up to 4 additional general practitioners. At the moment this appears to be due in 1974/75 so that the extensions are ready by the end of 1975 when the population of the catchment area will be approaching the total mentioned above. The position will be kept under close review.

9. Other areas

Sites have been provisionally earmarked for health centres at Thrapston, Kettering (Warkton Lane estate), and Daventry (Northern Area). It is not yet possible to give any details but they should be borne in mind for the second half of the 10-Year period. The need for a health centre at Oundle may also arise during that period.

10. Recommendations

(i) The provision of a health centre at Irthlingborough during 1970/71.

(ii) The provision of a health centre at Wellingborough to replace the temporary accommodation in Shelley Road, Queensway Estate during 1970/71. *This recommendation was not approved.*

(iii) The provision of a central health centre at Kettering to replace and extend local health authority services at Stockburn Memorial Home and School Lane Clinic. Proposal to be submitted in 1970.

(iv) The provision of a health centre in the central area of Corby. Proposal to be submitted in 1970.

Health Centre recommendations—continued

(v) The provision of a health centre in the Danesholme/Oakley Hay area of Corby in the mid 1970's or possibly earlier.

(vi) The provision of a health centre in the central area of Wellingborough. Proposal to be submitted in 1970.

(vii) A health centre to replace the temporary accommodation in Robin Lane, Hemmingwell Lodge Estate, Wellingborough to be provided during 1971/72, ready for occupation in March 1973.

(viii) An extension to the Daventry Health Centre to accommodate up to four additional general practitioners during 1974/75.

CARE OF MOTHERS AND YOUNG CHILDREN

(Section 22, National Health Service Act, 1946)

1. Mobile Health Clinic

Some of the premises now in use are not ideal for carrying out child health work in accordance with modern standards. With the extension of well baby clinics in general practitioners' surgeries and health centres, the people most in need of local authority services are likely to be those living in isolated areas which can most conveniently be served by a mobile clinic. The provision of a second mobile clinic would also facilitate the development of family planning and cervical cytology services in these areas.

2. Playgroups

The number of pre-school play groups continues to increase, for example, between 1st January and 28th August 1969, the number of play groups increased from 49 to 85 and Registered Child Minders from 26 to 148. Consequently there is a continuing need for the training of staff and voluntary helpers to run these groups. The need for staff training is particularly important in connection with play groups for children in the priority categories, which it is hoped will be started in various parts of the County. A grant to the Pre-School Play Groups Association is advocated in preference to providing setting up grants for individual play groups as previously proposed.

3. Recommendations

(a) A second mobile health clinic which was originally approved in 1967/68 should be provided in 1970/71. This recommendation also includes a suitable towing vehicle and a driver.

(b) A grant should be made to the Pre-School Playgroups Association to assist the development of play groups throughout the County.

(c) Provision should be made for training staff and to subsidise necessitous cases.

DENTAL SERVICE

1. Staff

(i) In 1964 it was agreed that there should be a ratio of 1 dental officer to 3,000 schoolchildren. In view of the fact that in this area the ratio of general dental practitioners is only slightly better than half the national average, there is an increased burden on the local authority dental services. In addition more than twice the national average of pre-school children is seen in this county. With the present establishment, only 55% of schoolchildren are inspected and treated and the Department of Education and Science has emphasised the need to rectify this situation. This should not be done, however, at the expense of the pre-school child.

(ii) It is expected that increasing use will be made of dental auxiliaries instead of dental officers.

(iii) It is not expected that there will be any change in the ratio of general dental practitioners to population and the additional staff is needed to maintain the status quo.

(iv) It is anticipated that the position of Deputy Chief Dental Officer be created out of one of the existing Senior Dental Officer posts, this requiring no addition to the establishment but the substitution of one grade for another. The logical year for this to occur will be 1971-72 when the total staff will be 17.2.

(v) To maintain the ratio of dental officers to schoolchildren will necessitate further appointments each year.

2. Mobile dental caravans

One caravan was purchased in 1951 and a second in 1953. Both are now obsolete.

3. Additional surgery at Kettering

Total surgery space after provision of three surgeries in Kettering will be nineteen, fixed and mobile, for an establishment of 19.2 including Chief Dental Officer and a Deputy, if appointed. Accordingly further surgery accommodation will be needed by 1972/73.

4. Recommendations

(a) Corby

Appointment of one additional dental officer and one additional dental surgery assistant in 1970/71.

(b) Daventry (mobile caravan area)

Appointment of one additional dental officer or auxiliary and one additional dental surgery assistant in 1971/72.

(c) Regrade one post of Senior Dental Officer to Deputy Chief Dental Officer in 1971/72.

(d) Appoint two additional dental auxiliaries and two additional surgery assistants in 1972/73 (one for Kettering area and one for Northampton mobile caravan area).

(e) Increase the establishment by one additional dental officer/dental auxiliary and one additional surgery assistant each year over the period 1973-80.

(f) Replace one mobile dental caravan in 1970/71 and a second mobile dental caravan in 1971/72.

(g) Provide an additional dental surgery in Kettering in 1972/73.

NURSING SERVICES

(A) DEVELOPMENT OF COMMUNITY NURSING TEAMS

1. In 1968 the Minister of Health indicated (Circular 32/68) that the trend towards closer association of home nursing and health visiting services with general practice and the increasing provision of health centres created conditions in which community health services could most effectively and economically be provided by integrated teams of workers. It would then become possible to ensure that nursing tasks requiring differing degrees of skill and expertise were allocated to members of the team with the most appropriate level of training. In such teams there would be an important role for auxiliary workers.

2. The Minister repeated an earlier invitation to local authorities (Circular 12/65) who had not previously done so to review the organisation of their nursing services, in order to satisfy themselves that their staffs are constituted and deployed so as to make the most effective use of their nursing skills. The Department of Health and Social Security states that every local health authority in England and Wales now accepts the principle of deploying health visiting, nursing and midwifery staff in teams and that the majority of local health authorities have taken steps to implement this pattern of working.

3. From time to time operational studies of the nursing services have been carried out in the County, for example, to assist in establishing the need for attachment of staff to general practices; in arranging decentralisation of staff; or in the transfer of clerical duties to the appropriate staff. During the coming months a comprehensive study of the content and methods of the work performed by health visiting, nursing and midwifery staff will be carried out with the aim of obtaining the information on which to base recommendations for re-organising the grouping of staff into community nursing teams. These teams will eventually form the nucleus for the formation of community health teams, which in addition to general practitioners and the staff mentioned above could include, for example, social workers and home helps.

4. At the inception of the Health Service, the desirability of appointing a Superintendent Nursing Officer to co-ordinate the local authority home nursing, health visiting and midwifery services was recognised (Circular 118/47). The Minister subsequently expressed the hope that authorities would give careful thought to the recommendation of the Sub-Committee of the Standing Nursing Advisory Committee that nursing teams should be organised under a Principal Nursing Officer with administrative and co-ordinating functions, and supported by the heads of individual services (Circular 12/65). This Committee accepted at the time (October 1965) the County Medical Officer's advice that there was much to be said for this suggestion and that such an appointment might ultimately be considered in Northamptonshire. Few prospective appointees at that time were sufficiently well-trained or held an understanding of the statistical and research methods necessary to monitor the three services under her control.

5. Subsequently, the Report by the National Board for Prices and Incomes on Pay of Nurses and Midwives in the National Health Service, recommended that local authorities of appropriate size which have not yet appointed a Principal Nursing Officer should do so as soon as possible.

6. Information from the Department of Health and Social Security in mid-August 1969 shows that of the 58 counties in England and Wales only six have not yet appointed a Principal Nursing Officer. In the Oxford and Wessex region, Northamptonshire is the only county which has not made such an appointment.

7. The appointment of a Principal Nursing Officer would be in line with the developing practice in the hospital nursing service, whereby, as a result of the report of the Committee on Senior Nursing Structure (Salmon Report) published in 1966, pilot schemes are operating in a number of hospitals in which nursing divisions of top management are under the control of Principal Nursing Officers (Grade 9), and where more than one division exists in a hospital group a Chief Nursing Officer (Grade 10) should be appointed to co-ordinate the service and provide a single channel of consultation with the governing body on policy matters.

This would result in an improved career structure, particularly if the community health teams were themselves to be grouped regionally in the County and their work administered and co-ordinated locally in the way that group advisers currently function in the health visiting field.

8. It would be advantageous if an appropriately trained Principal Nursing Officer were to be appointed by this authority, that he or she should participate in the formation and deployment of the community health teams for which he or she would eventually be responsible for administering and co-ordinating.

(B) MIDWIFERY AND HOME NURSING SERVICES

(Sections 23 and 25 National Health Service Act, 1946 and Sections 10 & 11, Health Services and Public Health Act, 1968)

1. The present establishment of full time equivalent general nurses (where the general nursing content of combined duties has been estimated) is 80.5 representing a ratio of 1 to 4,062 population. In 1965 and 1966 a full establishment of 115 midwifery and district nursing staff was envisaged by 1968/69, and that also by 1970 there would be 0.32 district nurses and midwives per 1,000 population in Northamptonshire compared with 0.33 per 1,000 in England and Wales. At present, the full time equivalent establishment of district nurses and midwives is 112. Merely to maintain the present ratio of district nurses to population in 1971 when the population will have increased by an estimated 19,000 will require the appointment of the equivalent of 5.5 whole-time nurses.

2. During this period, the amount of maternity nursing caused by an increase in the numbers of mothers discharged early from hospital in the puerperium is likely to increase. At the same time, the number of people aged 65+ in the population is expected to increase by 6,000 by 1975. In order to relieve the district nurses from tasks not requiring the level of skill they possess, particularly in relationship to the elderly, additional auxiliary nursing personnel should ultimately be employed.

3. Proposals for future years will await the outcome of a review of the nursing organisation which will explore the development of nursing teams in areas and the apportionment of tasks to the level of staffs best equipped to deal with them.

(C) HEALTH VISITING SERVICE

(Section 24, National Health Service Act, 1946 and Section 11, Health Services and Public Health Act, 1968)

1. The attachment of health visitors to general practices has increased the amount of work that the health visitors carry out for the family as a whole but especially with old people. The influx of population to Corby, Wellingborough and Daventry is increasing the amount of school health and clinic work. The present establishment of health visitors is 57 and of school/clinic nurses is 3.5. In the local authorities Ten Year Plan the expected ratio of health visitors to population in England and Wales in 1970 is 0.16 per 1,000 population and for Northamptonshire 0.11 per 1,000 population.

2. In 1962 and 1965 it was agreed that the aim should be to achieve a ratio of one health visitor to 5,000 population. During the past 6 years the ratio of health visitors to population has altered as follows:

1963	1	:	6646	1966	1	:	5783
1964	1	:	6476	1967	1	:	5777
1965	1	:	5987	1968	1	:	5839

In order to achieve this by 1975/76 the establishment of health visitors would need to be increased by 21.

3. However, three-eighths of health visitors' time is taken up with school health duties. An alternative is to appoint 14 health visitors and seven school/clinic nurses during the period 1970/76. This would ensure that the desired ratio was achieved. By appointing a further 9 health visitors and 5 school/clinic nurses during the period 1976/80 the ratio would be maintained.

(D) RECOMMENDATIONS

1. The nursing, midwifery and health visiting services should be reorganised into community health teams.

2. A Principal Nursing Officer should be appointed in 1970/71.

3. The establishment of district nurse midwives should be increased by the equivalent of six additional staff in 1970/71.

4. The establishment of health visitors should be increased as follows:

1970/71	3	1974/75	2
1971/72	3	1975/76	2
1972/73	2	1976/80	9
1973/74	2		

5. The establishment of school/clinic nurses should be increased as follows:

1970/71	2	1974/75	1
1971/72	1	1975/76	1
1972/73	1	1976/80	5
1973/74	1		

AMBULANCE SERVICE

(Section 27, National Health Service Act, 1946)

(A) 1970/71

1. Oundle—Erection of new station

The present premises comprising two rented garages are unsuitable; and the staff work from their own homes. A site has not yet been acquired but negotiations to acquire one in the grounds of Glapthorn Road Hospital are still proceeding.

N.B. If Redcliffe-Maud Report implemented, this area could be transferred to Peterborough.

2. Additional vehicles

An additional sitting case vehicle is required for out-patient work in the Oundle area. At present this work is carried out by the Hospital Car Service.

The present reserve of 3 vehicles is insufficient to cope with servicing and repairs situation. An old vehicle due for replacement may be retained within the fleet for this purpose.

3. Appointment of additional drivers

Four additional drivers are required for: Oundle (for the additional vehicle) and to extend the provision of full crews for conventional ambulances: at Corby, Daventry and Wellingborough. These appointments can be phased throughout the year.

4. Appointment of Superintendent to take charge of control operations

The work in the control room continues to increase. There are at present three control officers and there is a need to appoint a senior officer to take charge who would ensure that the operational policies would be unified and followed consistently. The proposed appointment would fit within the recommended rank structure for the service, which was agreed in principle in September, 1968.

5. Appointment of Training Officer with rank of Superintendent

Details of this appointment are contained in a separate report on training of staff.

6. Introduction of a new rank structure for officers

These recommendations are to bring the service in line with the recommendations on ranks and rank insignia of the Millar Report. The salaries of these officers are under review by Management Services Unit.

Alterations suggested are:

(a) Control officers to be redesignated senior control officers

(b) Assistant controllers to be redesignated control officers

(c) Station Officer, Kettering, to be redesignated Senior Station Officer.

7. Six posts of shift leader to be deleted and six posts of deputy station officer to be substituted

Difficulties occur when a Station Officer is not available through sickness or other reasons, or where a vacancy occurs and some time elapses before it is filled. At present temporary cover is provided by the shift leaders who work on their days off and on occasions where this is not possible the position is filled by one of the off-duty control staff. This creates problems through differences of opinion by having three or four shift leaders in control of the station in turn, but with no-one in overall command. It is suggested therefore that deputies be appointed for Station Officers, who would automatically take charge of a Station in the absence of the Station Officer.

It is suggested that deputy station officers be paid at the driver's rate plus 9d. per hour at the 24 hour stations and 7d. per hour at the 16 hour stations (an increase of 2d. per hour above the existing shift leaders' rates). The rates may have to be agreed with the staff's trade union. The six posts would be introduced at Corby, Daventry, Kettering and Mere Way stations and Brackley and Rushden sub-stations.

8. Promotion of three drivers to shift leaders—one at Oundle, and two at Towcester

When completed the new station at Oundle will become a sub-station of Kettering, but will require a shift leader in charge. At Towcester there is at present only one shift leader and this number should be increased to three to cover new station.

(B) 1971/72

1. Kettering—Erection of new station

The present accommodation is totally unsuitable (previously Kettering Fire Station) and there is no room for expansion. The proposed site in Deeble Road has not yet been acquired.

2. Corby—Extension of station to provide an additional bay

The existing accommodation provides for only 6 vehicles. Demands on the service require increased accommodation for an additional vehicle and one reserve vehicle.

3. Provision of three additional vehicles

These are required to meet increased demands in Corby, Kettering and Daventry. At Daventry a new day unit is to be provided at Danetre Hospital for geriatric patients. Generally there is increasing emphasis on day care of patients.

4. Appointment of three additional drivers

These are required to man additional vehicles at Corby, Daventry and Kettering. They would be phased throughout the year.

5. Agency service at Islip

The new station to be provided at Oundle and the increase in vehicles and staff at Kettering will provide cover for Thrapston area. The agency service can be terminated in 1971/72.

(C) 1972/73

1. Erection of new ambulance headquarters and central training school

The premises at present occupied by County Architect's Department were to provide the required accommodation. If this is not to be released, a new building will be required, as facilities at County Hall are inadequate. Training accommodation obtained on ad-hoc basis, as at present, is entirely unsatisfactory. Stores for training equipment are urgently needed. A site has not been yet allocated.

2. Extension of Wellingborough station to provide additional bay

Increased population and extension of hospital service necessitates provision of at least one additional vehicle. The present accommodation will house only six vehicles.

3. Provision of one additional vehicle

This vehicle is required at Wellingborough.

4. Appointment of three additional drivers

These are needed to man the additional vehicle at Wellingborough and extend the provision for full crews for conventional ambulances at Oundle and Rushden. The appointments will be phased throughout the year.

(D) 1973/80

1. Provision of one additional vehicle per year

These are required to cope with increased population and consequent increased demands on the service.

2. Appointment of two additional drivers per year

These are required to man additional vehicles and to extend the provision of full crews for conventional ambulances. These appointments can be phased each year.

3. Increase in control room establishment by one additional female telephonist/clerk

This appointment is needed to cope with increased work load in control room.

(E) Recommendations

1. Erect a station at Oundle in 1970/71.

2. Provide two additional vehicles in 1970/71; one for out patient work in Oundle area, one for the reserve fleet.

3. Appointment of four additional drivers during 1970/71. One each for Oundle, Corby, Daventry and Wellingborough.

4. Appointment of Superintendent to take charge of control operations, in 1970/71.

5. Appointment of Training Officer in 1970/71 with the rank of Superintendent.

Ambulance Service recommendations—continued

6. Introduction of a new rank structure for officers in 1970/71.

(a) Control officers to be redesignated senior control officers.

(b) Assistant controllers to be redesignated control officers.

(c) Station Officer, Kettering to be redesignated Senior Station Officer.

(d) Delete six posts of shift leader and substitute six posts of deputy station officer.

7. Promote three drivers to shift leader, one at Oundle and two at Towcester, in 1970/71.

8. Erect a station in Kettering in 1971/72.

9. Extend Corby station to provide an additional bay in 1971/72.

10. Provide one additional vehicle each for Daventry, Corby and Kettering during 1971/72.

11. Appointment of three additional drivers to man the additional vehicles at Corby, Daventry and Kettering, in 1971/72.

12. Terminate agency service at Islip during 1971/72.

13. Erect new ambulance headquarters and central training school during 1972/73.

14. Extend station by one bay and provide one additional vehicle at Wellingborough, in 1972/73.

15. Appoint three additional drivers, one at Wellingborough and one each at Oundle and Rushden, during 1972/73.

16. Provide one additional vehicle per year over the period 1973/80.

17. Appoint two additional drivers per year over the period 1973/80.

18. Increase control room establishment by one additional female telephonist/clerk during 1973/80.

	1969/70		1970/71		1971/72		1972/73		1973/74		1974/75		1975/76		1976/77		1977/78		1978/79		1979/80	
Station	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*	*Vehs.*	*Staff*
Brackley	4	6	4	6	4	6	4	6	4	6	4	7*	4	7	4	7	4	7	4	7	4	7
Corby	6	11	6	12*	7*	13*	7	14*	7	14	7	14	8*	15*	8	15	8	15	8	15	8	15
Daventry	5	9	5	10*	6*	11*	6	11	6	11	6	11	6	12*	7*	13*	7	13	7	13	7	13
Kettering	8	16	8	16	9*	17*	9	17	10*	18*	10	18	10	18	10	18	10	19*	10	19	10	19
Northampton	5	13	5	13	5	13	5	13	5	13	5	13	5	13	5	13	5	13	5	14*	5	14
Oundle	2	3	3*	4*	3	4	3	5*	3	5	3	5	3	5	3	5	3	5	3	5	3	6*
Rushden	4	7	4	7	4	7	4	8*	4	8	5*	9*	5	9	5	9	5	9	6*	10*	6	11*
Towcester	4	7	4	7	4	7	4	7	4	7	4	7	4	7	4	7	4	7	4	7	4	7
Wellingborough	6	11	6	12*	6	12	7*	13*	7	13	7	13	7	13	7	14*	8*	15*	8	15	8	15
Reserve Vehs.	3	—	4*	—	4	—	4	—	4	—	4	—	4	—	4	—	4	—	4	—	5*	—
Control (excluding K.G.H. Liaison Off)	—	8	—	9*	—	9	—	9	—	10*	—	10	—	10	—	10	—	10	—	10	—	10
Total	47	91	49	96	52	99	53	102	54	105	55	107	56	109	57	111	58	113	59	115	60	117
Ratio Staff/Vehs. ...		1.94		1.96		1.93		1.93		1.94		1.95		1.95		1.95		1.95		1.95		1.95

*Increase in establishment.

PROPHYLAXIS, CARE AND AFTER-CARE

(Section 12, Health Services and Public Health Act, 1968)

1. Health Education

The appointment of a third visual aids assistant has been twice postponed (in 1968/69 and in 1969/70). Although it is still considered necessary, this post could again be postponed if the sum of money available for health education purposes was increased to allow for the hiring of displays and equipment. The existing staff would then be relieved of many duties involving the manufacturing of displays, thus allowing more time for them to devote to other artistic duties.

2. Chiropody

(i) Approval was given for the appointment of a chiropodist in 1965/66 but this appointment was subsequently postponed each year thereafter. It is now forwarded for implementation in 1970/71 and a further recommendation is made that there should be appointments of an additional chiropodist each year for the next ten years.

(ii) At 30th September, 1968 the equivalent of 3.1 full-time chiropodists employed by voluntary organisations treated county residents for the local health authority. In addition 0.33 full-time equivalent chiropodists were employed by the local authority on a sessional basis. The unmet need for chiropody has been estimated nationally at 11.5% of the over 65 population.* To obtain an ideal of monthly treatments both for the 5,734 old people treated during 1968 and for the estimated 4,600 requiring but not receiving treatment would demand a substantial increase in the number of chiropodists employed. The proposal first made in 1965/66 should therefore now be implemented and, despite the probable failure to fill the posts owing to disadvantageous salary scales compared with private practice an acknowledgement of the shortfall in the service should be made by planning an additional appointment each year for the next ten years.

3. Recommendations

(i) The appointment of a third visual aids assistant or the provision of an additional £1,000 in the estimates for hiring of displays and equipment, in 1970/71. *This recommendation was not approved.*

(ii) The appointment of a chiropodist (together with equipment) each year for the period 1970/80.

*Reference: Townsend P. and Wedderburn D. (1965). *The Aged in the Welfare State.* Bell. London

HOME HELP SERVICE

(Section 29, National Health Service Act, 1946)

1. Present position

(i) At the moment the equivalent of 153 whole-time home helps are employed on an ad hoc basis. This is the equivalent of 0.48 home helps per 1,000 population. The 1975/76 Revision of Plans for the Health and Welfare Services of Local Authorities in England and Wales showed that, on average, by 1975 a ratio of 0.85 of home helps per 1,000 population was predicted. The ratio intended for Northamptonshire in 1975 was 0.59 per 1,000 population. In 1968 88.9% of the cases attended by home helps were old people, 6.8% were chronically sick and the remaining 4.3% included maternity cases (1.2%). National surveys show that less than half the need of home help service to the elderly in terms of numbers receiving help and the amount of help given, is met.*

(ii) By 1975 the number of old people in the County will have increased from 39,000 to 45,000, and the need for help for maternity cases will have increased because of the high proportion of child-bearing couples in the incoming population to the growth areas. The estimated population by 1975 is 390,000 and to achieve a ratio of 0.85 per 1,000 an additional 179 whole-time equivalent home helps would be required by that year.

(iii) As an interim proposal, one mobile home help for the Daventry rural area and the equivalent of ten whole-time home helps should be provided in the year 1970/71.

(iv) With the decentralisation of the home help administration, greater efficiency in the use of both home help organisers and home helps is anticipated and further proposals regarding both will be put forward next year when the effects of the decentralisation have been reviewed.

2. Recommendations

(i) The appointment of an additional mobile home help for Daventry area in 1970/71.

(ii) The establishment of home helps should be increased by the appointment of the equivalent of 10 home helps in 1970/71.

*Townsend P. and Wedderburn D. (1965). *The Aged in the Welfare State.* Bell. London.
Government Social Survey 1968. Social Welfare For the Elderly H.M.S.O.

MENTAL HEALTH SERVICE

(A) BUILDINGS

1. Hostels

(a) Hostel for mentally subnormal females, Kettering

A site for this is available at Elm Bank, Kettering, and the provision of this hostel has been under consideration for many years. It was originally planned for 1966/67 but was one of the projects deferred owing to restrictions on capital expenditure, and the same has applied each year since. There is now a need for a hostel for 20-25 mentally subnormal females who although they could be maintained in the community are at present in hospital or are contained only with difficulty in the community. This need will increase to 44 by 1975.

(b) Hostel (mixed unit for mentally subnormal), Wellingborough

With the opening of the adult training centre at Wellingborough, further hostel accommodation will be required. (24 beds.)

(c) Hostel for aging mentally subnormal, Kettering or Wellingborough

Provision should be made for a 20-25 bedded hostel for both male and female aging mentally subnormal people.

(d) Long stay hostel for mentally ill persons

Since the original plans for long stay hostels for mentally ill persons were submitted needs have increased and changed in character. It is now clear that more accommodation needs to be provided to cater for men and women, who although suffering from residual psychiatric disabilities do not require the full range of nursing services which they now obtain in St. Crispin Hospital. The opening of Moray Lodge Hostel for the elderly mentally disordered has unearthed a large demand for hostel accommodation for patients now in St. Crispin Hospital who are not, however, suitable on account of age or type of mental disability for residence at Moray Lodge. It is recommended that the Half-way House Northampton be redesignated as a long stay hostel for 24 residents to cater for this need.

2. Homes

Group homes at Kettering and Wellingborough

This accommodation would be suitable for patients who could be self-sufficient with minimal supervision available. The implementation of the home at Kettering and Wellingborough should wait for appraisal of the working of the group homes being organised by the Northamptonshire Association for Mental Health, and the development of the day hospitals.

3. Junior Training Centre Schools

(a) Junior Training Centre School, Rushden or Higham Ferrers

The expansion of Wellingborough was not foreseeable when Fairlawn School was planned to provide places for 60 children. The consequence is that 74 children of whom 13 attend part-time are already attending Fairlawn School with in addition an average of seven more children going to the school daily during their stay at Fairlawn Hostel. Only 6 of the part-time attenders are so severely handicapped as to be unsuitable for full-time attendance. The remaining 7 would benefit from full-time attendance were space available for them. The practical room at the school has already been converted into a classroom to provide additional teaching space. It is calculated that by 1981 the population of the present catchment area of Fairlawn School will have expanded from 84,000 to 135,680 and will require the provision of 124 junior training school places. A new proposal is therefore introduced to relieve the existing pressure on Fairlawn School and to cater for the future demand for places by providing a junior training school at Rushden or Higham Ferrers. This should initially cater for 40 children but be capable of expansion to 60 places when required. The siting of the new school at Rushden is proposed as there are already 30 children from Rushden and the surrounding district attending Fairlawn School. The expansion of the Colton Ward at Rushden Hospital from 12-20 places can be expected to produce an average of 8 further children capable of benefiting from attendance at school. A school in this area would also help to relieve the pressure on Henley School, Kettering by accommodating children from towns as far away as Thrapston.

(b) Additional Junior Training Centre School, Corby

Forest Gate School, Corby is attended by 67 children including 9 part-time, 6 of whom are severely handicapped children. With the increase in population it is anticipated that 96 places will be needed by 1981 to meet the needs of the area served by the present school. An additional classroom was built at Forest Gate School in 1968/69 and rather than propose any further enlargement of the school consideration should be given to the provision of a second junior training school to accommodate 40 children. This should be sited in the developing area to the south of Corby on the Danesholme/Oakley Hay area and should be planned for implementation in 1973/74.

(c) Junior Training Centre School, Daventry

The provision of a junior training school in Daventry in the period 1971/76 was included in the revision of the 10 year plan which was accepted in principle by the Health Committee in 1965. It is now proposed that consideration should be given to the provision of this school in 1973/74. Children from Daventry at present attend Dallington Park School, Northampton. There are 54 children on the roll of this school, 9 of them resident in Northampton County Borough. It is anticipated that Dallington Park School will be able to cater for the demands of its present catchment area which includes Daventry, until 1973. By this time the population growth of Daventry Municipal Borough and Daventry Rural District is expected to have reached a stage at which a 40 place school in Daventry will be required.

(d) Additional classroom, Henley School, Kettering

There are at present 64 children (including nine part-time) on the register at Henley School. This is not expected to be an expansion area, other than natural growth, and the present buildings should cope until 1975.

4. Adult Training Centres

(a) Adult Training Centre, Corby

The planning of this project has been deferred—owing to restrictions on capital expenditure since 1967/68, and therefore a temporary centre was opened in rented church buildings in September, 1968. On the register at present there are 28 trainees and there is a waiting list of four. A further 17 at Forest Gate School will be over 16 years by 1972, and it is estimated that 8 leavers from E.S.N. schools will need either short or long periods in an adult training centre. A site has been reserved for this project at Tunwell Loop, Corby.

(b) Adult Training Centre, Wellingborough (temporary premises and permanent premises)

At present there are 33 trainees over 16 years of age who attend the Henley Industrial Unit and who live in the Wellingborough area. Another 15 pupils living in the same area and attending Fairlawn School will reach the age of 16 years by 1972. Similarly, it is estimated that leavers from E.S.N. schools will require either short or long periods in an adult training centre. This should go forward in association with the day centre proposed for handicapped people in Wellingborough. As a short term proposal an Adult Training Centre in hired premises should be provided in 1970/71 and a permanent building should be provided in 1971/72.

(c) Adult Training Centre South Northants

Oxfordshire County Council have agreed to take any referred cases from Brackley and district over the next few years. At present, nine attend the Banbury Training Centre. Similarly, on the fringe area near Rugby, one girl attends the Warwickshire Adult Training Centre at Rugby. The County Borough have up to this year accepted 18 of our adults at the Cliftonville Training Centre, but are unable to accept more, and they have notified us that they themselves have a waiting list for a number of places there. Consent has been given to the opening of temporary premises in a rented church building at Doddridge Memorial Congregational Church, St. James, Northampton. It was opened on 3rd September, 1969 with 20 trainees, although there will still be 12 remaining at Cliftonville Training Centre for the time being. Although Daventry is the growth area, it is still necessary to provide an adult training centre for a large area stretching from Yardley Hastings, Deanshanger, Towcester and district, Daventry and district, Brixworth and district, and the central point of this area is Northampton. Provision should be made for an adult training centre for 50 places in 1972/73, with an additional 30 places by 1978. This proposal will need to be discussed with Northampton County Borough.

5. Day Centres

Day centres for the mentally ill

The first steps in implementing this service have taken place as the agreed decentralisation of the mental health social workers will give some of the facilities normally provided in a day centre, i.e. accommodation for helping patients and their families through individual case work or the use of group techniques.

At Kettering, St. Crispin Hospital have opened a day hospital at Mayfair, The Headlands and are planning to open another day hospital in Wellingborough during the autumn. In the Department of Health and Social Security's plans for the future reorganisation of the psychiatric services based on providing psychiatric units in the district hospitals, stress is laid on the need for local authorities to provide day centres to support this work. At this stage it is not possible to estimate the need for such provision in Kettering and Wellingborough until the two day hospitals provided by St. Crispin have been established and working for some time.

(B) STAFF

(1) Hostels and Homes

The proposals for staff required will be brought before the committee at the appropriate time.

2. Junior Training Centre Schools

(a) Appointment of three assistant supervisors (one each at Corby, Kettering and Northampton JTC). Approval was given in principle in 1968 to the appointment of additional assistant supervisors to relieve the supervisors of training centre schools of their teaching duties. So far, for financial reasons, this has been implemented at Fairlawn School only. The proposal is again brought forward for consideration in the following order of priority: Forest Gate School, Corby, Henley School Kettering and Dallington Park School, Northampton.

(b) Conversion to full-time assistant supervisor of present part-time appointment at Fairlawn School, Wellingborough. There are a number of children at Fairlawn School with physical handicaps in addition to mental subnormality and this applies particularly to the 13 children at present attending part-time only. They need additional attention to developmental training to help them overcome their disabilities and for this reason the existing post of part-time assistant supervisor should be extended to a full-time appointment to provide this training.

(c) Appointment of nursery assistant, Henley School Kettering. Henley School, Kettering has the lowest staff : pupil ratio (5 : 64) of any of the junior training schools. At present there are 17 children in the nursery class, 10 attending full-time and 7 only part-time because one nursery assistant is unable to cater for the needs of all these children. 10 of them are incontinent, 3 are non-ambulant, 6 have to be fed and 2 are disturbed children. There is need for the appointment of a second nursery assistant to look after the children and to allow full-time attendance for those who at present can be accommodated for only part of the week.

An additional assistant supervisor will be needed when the extra classroom, planned for 1975/76 is provided.

(d) Appointment of escorts. It is recommended that provision should be made for the employment of additional escorts as required to accompany children travelling to and from school.

(e) Introduction of trainee assistant supervisor scheme. The introduction of the post of trainee assistant supervisor, one at each school, was advocated by the Ministry of Health's adviser on junior training centres when he visited the county in 1968, and is now brought forward for consideration. The scheme is intended to encourage the recruitment of young people of the right calibre, capable of proceeding to a training course as teachers of the mentally subnormal. This is a function which is already being fulfilled by the posts of nursery assistants.

3. Adult Training Centres

(a) Temporary Adult Training Centre, Corby—Assistant Supervisor. The numbers at present are 28 trainees and 2 staff. By the end of 1971 it is estimated that the need for places for trainees leaving the junior training centre schools and schools for the educationally subnormal will have increased to 44. With the appointment of additional staff the capacity of the centre would allow for up to 45 trainees to be accommodated.

(b) Business manager. This appointment should be adopted on the completion of the Corby Adult Training Centre.

4. Day Centres

The proposals for staff required will be brought before the committee at the appropriate time.

5. Mental health social workers

Apart from the expanding population of the County there is need for an increase in the number of mental health social workers for the following reasons:

New population settling in the Wellingborough/Daventry areas have a higher incidence of social problems relating to mental illness compared to the indigent population.

The reduction in the total number of beds at St. Crispin Hospital means that there is a greater emphasis on preventing the admission of the mentally ill to hospital, at the same time the number of admissions is increasing. Much of this work of prevention, and arranging admissions falls on the mental health social workers.

The increasing number of referrals of elderly patients for admission to hospital has led to a policy of sharing beds. This means that relatives have to look after their relatives every other month. The success of this arrangement depends very much upon the close contact maintained by the social workers.

Recent surveys of work undertaken by family doctors show that a high percentage of patients suffering from mental illness are treated by their own doctor without referral to a psychiatrist. Discussions with family doctors indicate that they would welcome greater assistance from mental health social workers in treating these patients. At present the mental health social workers can give only limited assistance to these problems. Most of the work undertaken for family doctors relates to patients who might need hospital admission, or who have been discharged from St. Crispin.

The recommended levels of staffing are set out in the next paragraph.

6. Social work staff in the mental health services—recommended level of staffing:

(a) *Community services*

Minimum of 0.05 social workers per 1,000 population. (Report of Working Party on Social Workers in the Local Authority Health and Welfare Services, H.M.S.O. (1959); Health and Welfare. The Development of Community Care. H.M.S.O. (1963).)

(b) *Hospital services*

The Department of Health and Social Security's draft plan for the Worcestershire Mental Health Service indicates that 1.5 social workers are needed for each consultant team dealing with mental illness.

(c) *Present and future levels of staffing, Northamptonshire*

		Social worker establishment			
	Estimated	*Actual (equivalents)*		*Recommended (equivalents)*	
Year	*population*	*L.H.A.*	*Hospital*	*L.H.A.*	*Hospital*
1969	327,020	11	5	16	6
1974	378,970			19	6
1979	434,140			21	6
1981	457,680			23	6

It is recommended that the continued increase of mental health social workers be maintained at the rate of two per year until 1974/75 and thereafter as set out on page 189.

RECOMMENDATIONS

(A) BUILDINGS

1. *Hostels*

(a) A hostel for mentally subnormal females should be provided at Kettering during 1970/71.

(b) A mixed unit for the mentally subnormal providing further hostel accommodation at Wellingborough should be provided during 1972/73.

(c) A 20-25 bedded hostel for male and female aging mentally subnormal people should be provided at Kettering or Wellingborough during 1973/74.

(d) The Half Way House, Northampton be redesignated as a long stay hostel for 24 residents during 1971/72.

2. *Homes*

Group homes should be provided at Kettering and Wellingborough during 1974/75.

3. *Junior Training Centre Schools*

(a) A Junior Training School at Rushden or Higham Ferrers should be provided in 1971/72. This should initially be a 40 place school capable of being expanded to 60 places when required.

(b) A second Junior Training Centre School to accommodate 40 children on the Danesholme/ Oakley Hay, Corby area to be planned for 1973/74.

(c) A forty-place Junior Training Centre School in Daventry during 1973/74.

(d) An additional classroom for Henley School, Kettering to be provided in 1975/76.

4. *Adult Training Centres*

(a) An Adult Training Centre at Tunwell Loop, Corby to be provided in 1970/71. *The site has subsequently been changed to Oakley Road.*

(b) As a short term proposal an Adult Training Centre in hired premises at Wellingborough should be provided in 1970/71 and a permanent building should be provided in 1971/72.

(c) Provision for an Adult Training Centre with 50 places in 1972/73 with an additional 50 places by 1978, in South Northants.

5. *Day Centres*

The establishment of day centres in Kettering and Wellingborough, to be postponed until more is known of the need.

(B) STAFF

(i) *Junior Training Centres*

1. Three assistant supervisors to be appointed in 1970/71; one each at Corby, Kettering and Northampton Junior Training Centre Schools.

2. Conversion to full-time assistant supervisor of present part-time appointment at Fairlawn School, Wellingborough in 1970/71.

3. A second nursery assistant to be employed at Henley School, Kettering in 1970/71.

4. An additional assistant supervisor at Henley School Kettering will be needed when the extra classroom is provided in 1975/76.

5. Additional escorts to be employed during 1970/71 to accompany children travelling to and from school.

6. A scheme for trainee assistant supervisors, one at each Junior Training Centre School, to be implemented in 1971/72.

(ii) *Adult Training Centres*

7. A post of assistant supervisor at the temporary Adult Training Centre at Corby to be provided during 1970/71.

8. Appointment of a Business Manager to be authorised on the completion of the Corby Adult Training Centre, 1971/72.

(iii) *Mental Health Social Workers*

9. Additional Mental Health Social Workers to be appointed as follows:

1970/71	2	1973/74	2
1971/72	2	1974/75	2
1972/73	2	1975/80	5

STAFF

1. Medical Staff

Princess Marina Hospital, Upton—Links with Community Services

(a) At the last meeting the Committee approved in principle the establishment of joint appointments at the level of Senior Medical Officer to work both in Princess Marina Hospital and in the community, the appropriate proportion of the cost of the salaries to be borne by the hospital. Since then Northampton County Borough have implemented a similar proposal and one of their Senior Medical Officers has been appointed to the staff of the hospital for one-third of his time.

(b) An additional Senior Clinical Medical Officer on the same salary grading as Dr. I. J. Cope is needed to assist with the work of assessing and supervising handicapped children. This is necessary not only because of the increase in the number of children who require assessment, but also because recent experience has shown the need for more frequent assessments than in the past. It has become clear that in many cases it is no longer adequate to make one single assessment of a child's handicap and to base advice on an opinion formed then. Instead, many children need to be visited more than once in order to ensure that the assessment has been adequate.

(c) Dr. Cope has indicated that he would be interested in a part-time appointment at Princess Marina Hospital. The second Senior Clinical Medical Officer should also be given a part-time appointment at the hospital and this should help to attract a person of good calibre.

(d) One-third of both doctors' time should be allocated to the hospital service, which would pay this authority the appropriate proportion of the cost of their salaries. This would leave two-thirds of their time available for work in the community, giving this authority the services of two Senior Medical Officers for a total of $1\frac{1}{3}$ of full time, as compared with the present situation of one full-time Senior Medical Officer.

(e) **Recommendations**

(i) Dr. I J. Cope should be allowed to work for one-third of his time at Princess Marina Hospital;

(ii) a second Senior Clinical Medical Officer should be appointed from 1st April 1970, who would also be attached to Princess Marina Hospital on the same basis as Dr. Cope.

Both appointments are conditional on the hospital authority agreeing to bear the appropriate proportion of the cost of their salaries.

2. Administrative and Clerical Staff

(a) The resources of the Department have been under considerable pressure in recent years due mainly to the increase in population; the introduction of computerization, which means that certain work must be attended to much more urgently than in the past; the attachment of health visitors, district nurses and midwives to general practitioners; the involvement of general practitioners in local health authority clinical work; the work created by the Health Services and Public Health Act, 1968, especially in relation to nurseries and child minders; the gradual expansion of family planning and cervical cytology services; the expansion of the mental health services; the planning and running of health centres; and the retirement and resignation of trained staff who frequently have to be replaced by relatively untrained staff.

(b) The building of three additional health centres during the current financial year and the approval in principle of further health centres for subsequent years calls for the establishment of an additional senior administrative post. This is an urgently needed appointment, and one indication of the pressure of work created by the development of health centres may be seen from the fact that the Northamptonshire Executive Council have appointed a senior clerk at a salary of £1,249-1512 p.a. (which is almost equivalent to AP.3) to undertake much of the work in connection with health centres, although the main task of planning and running these buildings falls on the local health authority. Much of this work is at present being undertaken by the Chief Clerk and other members of the staff, and is interfering with the carrying out of their normal duties. The person appointed to this post would after an initial induction period be expected to assume responsibility for most of the administrative work in connection with health centres. The grading of this additional post should be AP.4.

(c) Approval is sought for an additional administrative post for the Adult Health Division. The clinical services of the Department are divided into two main divisions—child health and adult health. The Child Health Division is adequately served with administrative assistants, but there is a shortage of higher-graded posts, to the detriment of the work, on the adult health side. To remedy this imbalance it is suggested that one of the AP.3 posts at present allocated to child health should be transferred to adult health, and to compensate a new post on AP.2 should be authorised for the Child Health Division. The AP.3 post could not be spared without replacements as suggested. Details of the main sections of these two divisions and the senior administrative posts in them are given below.

Adult Health Division. The main sections are Mental Health, Home Help, Health Education, Nursing and Midwifery, Medical Loans, Department of Social and Preventive Medicine, and some duties relating to the Ambulance Service.

Present	*Proposed*
1 C1.3	1 AP.3
3 C1.1/2	1 C1.3
	3 C1.1/2

Child Health Division. The main sections are School Health Service (including Dental), Pre-School Child Health Service (including former Vaccination and Immunization Section).

Present	*Proposed*
3 AP.3*	2 AP.3*
1 C1.4	1 AP.2
1 C1.1/2	1 C1.4
	1 C1.1/2

*One of these posts with a personal grading AP.4.

None of the posts in the Child Health Division could be transferred to the Adult Health Division without a replacement, as the Child Health Division is already working under great pressure. In the Pre-School Child Health Section in particular some overtime has to be worked in order to keep pace with the demands arising from the computerization of the birth register and vaccination programme.

(d) Due to the general increase in the amount of routine work which has to be carried out, there is an urgent need for two additional administrative trainees and one additional shorthand-typist. The services of these persons, if approved, would be shared between those sections which are working under very considerable pressure, viz., Finance and Purchasing, Salaries and Establishments, Pre-School Child Health and General Office.

(e) **Recommendations**

(i) The appointment of an additional post on AP4 for work in connection with health centres

(ii) The additional post in AP2 for the Adult Health Division

(iii) The appointment of an additional shorthand/typist

(iv) The appointment of two additional administrative trainees.

These appointments were not approved but two Clerical 1 *posts were redesignated Administrative Trainee posts.*

DEPARTMENT OF SOCIAL AND PREVENTIVE MEDICINE NORTHAMPTON GENERAL HOSPITAL

1. The Department of Social and Preventive Medicine at Kettering General Hospital has been functioning for almost two years, and has been supervised by Dr. B. T. Williams, Senior Medical Officer, for just over one year. Since its establishment it has more than proved its usefulness. It has provided a focal point within the hospital to which hospital staff can refer quickly and easily requests for local health authority services, such as home helps, medical loans and nursing aids, and has greatly facilitated the identification of children who may need special care. In addition, various studies into medical care have been started which have already provided much useful information and which will prove very useful in making decisions about action to be taken or services which should be provided to meet particular needs.

2. In carrying out certain studies it was necessary to compare the statistics obtained at Kettering Hospital with those obtained at Northampton Hospital. To obtain information at the latter hospital it was necessary to adopt a formal approach which was time-consuming. There are also many occasions when the staffs of both authorities have to contact each other, and it seems logical to consider the establishment of a Department of Social and Preventive Medicine at Northampton General Hospital.

3. Preliminary informal discussions have indicated that such a proposal would be favourably received by the hospital authorities.

A further report will be submitted later. Meanwhile, I request the Committee's approval to continue these discussions with a view to establishing such a department in Northampton General Hospital from 1st April 1970.

4. **Recommendation**

Discussions should be continued with the Hospital Management Committee with a view to establishing a Department of Social and Preventive Medicine in Northampton General Hospital on 1st April 1970.

MEDICAL CARE UNIT

1. If it proves possible to establish a Department of Social and Preventive Medicine at Northampton General Hospital, then at a suitable time consideration should be given to establishing a Medical Care Unit, which would embrace the Departments of Social and Preventive Medicine at Kettering and Northampton Hospitals. The cost of this unit could be shared by the Regional Hospital Board, and it would have the following advantages:

(a) The collection of statistical data relating to Northamptonshire is carried out separately at present by both authorities, although in many instances the objects of collecting the information are the same. The joint unit would eliminate this duplication of effort and ensure that up-to-date reliable information for planning purposes is available to both authorities.

(b) Much of the information at present collected through the Department of Social and Preventive Medicine at Kettering Hospital is relevant to the planning carried out by the Regional Hospital Board. If a joint unit were established, more detailed studies could be carried out to evaluate treatments, to examine patterns of medical care, and in association with the medical staff to consider and advise on their appropriateness.

(c) The studies carried out through the Department of Social and Preventive Medicine at Kettering General Hospital have shown the need for the support of a statistical team. A team, such as that led by Dr. A. Barr, Chief Records and Statistical Officer at the Regional Hospital Board, would be able to provide the necessary support and guidance, and would probably be made available if a joint unit was established.

2. I request the Committee's approval to begin informal discussions with the hospital authorities with a view to presenting a further report at a later date.

3. **Recommendation**

Informal discussions should be held with the hospital authorities.

The following recommendations were submitted by the Medical Inspection and Treatment Committee and are recommended by the Health Committee.

CHILD GUIDANCE SERVICE

1. The Child Guidance Service is a joint service provided by Northamptonshire County Council, Northampton County Borough and the Oxford Regional Hospital Board. The Regional Hospital Board appoints the medical staff and pays their salaries and also provides some hospital facilities for one of the consultants. The local authorities provide premises, equipment and staff, other than medical staff, in a variety of locations within the County and County Borough areas. The cost of the service is borne by the Education Committee, which reclaims 40% from Northampton County Borough.

2. The geographical county is divided into two areas, so far as the work of the psychiatrists is concerned. Dr. B. S. Phillips works in the north of the county and Dr. K. Stewart works in the southern area, which includes Northampton County Borough, where Dr. Phillips also carries out some work. The two psychiatrists provide cover for each other during holidays and periods of sickness, etc. The administrative headquarters for Dr. Phillips' work is in the Stockburn Memorial Home, Kettering, and Dr. Stewart's headquarters is in the Child Guidance Clinic in Cliftonville Road, Northampton. The present establishment of staff, in addition to the consultant psychiatrists, is as follows:

One Senior Educational Psychologist	about one-third time in Child Guidance Service and remainder of time in School Psychological Service
Three Educational Psychologists	
One Training Officer in Mental Health Social Work	Vacant
Three Social Workers	One vacancy
Two whole-time clerk/typists	Equivalent to three whole-time staff
Two part-time clerk/typists	

3. Two hostels provide the only residential accommodation in the area; one of these has accommodation for 20 boys, although usually smaller numbers are admitted, and the other one has accommodation for 12 girls, and for staffing reasons, the number admitted is seldom higher than 7 at one time.

4. During the past year, a report was submitted to the Health and Education Committees on the incorporation of the Child Guidance social work into the Joint Social Work Scheme. These proposals have been approved by the two County Council Committees and also by the County Borough of Northampton and the St. Crispin Hospital Management Committee.

5. The need for the additional staff, shown below, was set out in detail in my reports to the Medical Inspection and Treatment Committee on 9th September, 1968 and 8th September, 1969 and has now become acute. These reports summarised the type of service given and the changes which have been experienced in the past few years. These considerations were also set against the increasing population within the County. As far as Northamptonshire is concerned, it was shown that the number of children under 15 years of age is expected to increase from 74,400 in 1966 to an estimated 82,720 in 1971 and 124,562 in 1981. Attention was then drawn to the fact that in 1967 and 1968 the adjusted birth rate for Northants was 11% and 18% respectively above that for England and Wales.

6. The additional clerk/typist is required at Stockburn Memorial Home, Kettering where there is urgent need to strengthen the clerical services following the transfer of Dr. Phillips' headquarters from Cliftonville, Northampton to Kettering.

7. **Recommendations**

(a) Appointment of additional social worker

(b) Appointment of psychotherapist (half-time)

(c) Appointment of additional clerk/typist. *This appointment was not approved.*

SPEECH THERAPY

1. In September, 1968 the Medical Inspection and Treatment Committee approved recommendations for an increase in the establishment of speech therapists from 5½ to 7, and the creation, within the establishment, of the post of Chief Speech Therapist, and one or two posts of Senior Speech Therapist. All these proposals were approved by the Education and Health Committees but were finally deleted from the estimates by the Finance Committee in February, 1969. They were approved again by the Education and Health Committees in October, 1969 and are recommended for implementation in 1970/71.

2. The service continues to work under pressure and the need for additional speech therapists remains. To attract and retain therapists, there must be some hope of promotion to higher scales and it should be noted that in order to attract speech therapists, some authorities use scales other than the Whitley Council scales and others give holidays as for teaching staff.

3. Some time ago the Union of Speech Therapists recommended that there should be one therapist to every 10,000 school children, although this figure (i.e. 10,000) was subsequently considered to be too high. In addition to the calculated number, it was suggested that there should be a Senior or Chief Speech Therapist in overall control of the service. In considering the service in this County, it should be noted that a very small amount of time is given by the therapists to the Hospital Service and a larger proportion of their time is spent with pre-school children. Accordingly, the ratio of therapists to all children under the age of 15, which it is suggested should be adopted, is 1 per 10,000 and on this assessment there is need, at the moment, for 8 therapists in 1971 when the number of children under 15 is estimated at 82,720 and this will rise to 12 or 13 by 1981 when the number of children under 15 is estimated at 124,562.

4. The increases in staff recommended are set out below, and it has also been suggested by the Medical Inspection and Treatment Committee that posts of grades higher than that of the ordinary speech therapist should be created at a rate of one to every three or four of the total speech therapist staff.

5. **Recommendations**

(a) Increase establishment of speech therapists from 5½ to 7½.

(b) Regrading of one post of speech therapist to senior speech therapist from 1st October, 1970.

(c) Regrading of senior speech therapist to chief speech therapist. *This recommendation was not approved.*

STATISTICS USED IN THIS REPORT

Estimated population for Northamptonshire

1968	321,120	1975	389,300
1969	327,020	1976	400,200
1970	336,120	1977	411,380
1971	346,110	1978	422,710
1972	356,570	1979	434,140
1973	367,620	1980	446,140
1974	378,970	1981	457,680

Estimated aged population

	1965	**1971**	**1976**
Population all ages ...	301,640	346,110	400,200
Population aged 65 and over	36,490	41,800	45,200

Crude birth rate—1964-1968

	Northamptonshire	*England and Wales*
1964	19.10	18.4
1965	18.85	18.1
1966	18.54	17.7
1967	18.00	17.2
1968	18.80	16.9

Population increase, mid-year 1966—*mid-year* 1968

	Population mid-year **1966**	*mid-year* **1968**	*increase*	% *increase*
Northamptonshire Administrative County	306,500	321,120	14,620	4.8
England and Wales	48,075,300	48,593,000	517,000	1.1

Child Population

	1964	**1965**	**1966**	**1967**	**1968**
Estimated mid-year population	310,840	305,360	306,500	311,990	321,120
Under 15 years	74,100	72,600	74,400	76,200	78,300
Percentage	23.8%	23.8%	24.3%	24.4%	24.4%

Increasing trend for hospital confinements

	Domiciliary	%	*Hospital*	%	*Total*	*Dom. midwife in hospital*
1964	1,554	26.5	4,299	73.5	5,853	
1965	1,372	23.5	4,467	76.5	5,839	
1966	1,258	22.0	4,427	78.0	5,685	
1967	1,143	20.1	4,533	79.9	5,676	42
1968	973	16.0	5,097	84.0	6,070	155

Early discharges for maternity cases

1964	1,874
1965	2,306
1966	2,432
1967	2,860
1968	3,519

Ambulance Service
Directly Provided Service

Year	*Patients carried*	*Mileage*	*Vehs.*	*Staff*	*Ratio Staff/Vehs.*
1964/65	104,009	773,967	39	75	1.92
1965/66	129,388	914,512	41	78	1.90
1966/67	134,618	867,669	43	84	1.95
1967/68	149,828	928,086	45	87	1.93
1968/69	158,446	981,418	46	89	1.93

Over this five year period there has been an increase in the number of patients carried of 54,437 (52%) and an increase in mileage of 207,451 (27%).

Relationship between average available number of hospital beds at St. Crispin Hospital and number of admissions 1965-68

Year	*Average no. available beds*	*Admissions First*	*re-admissions*	*total*
1965	1,006	580	600	1,180
1966	975	560	641	1,201
1967	973	561	679	1,240
1968	922	585	800	1,385

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